MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14033 petely filled in by the funeral carbon papers. Pages F and 2. Vent, within 72 haurs after death. executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH Cecil b. COUNTY a COUNTY a. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Perry Point 26 days Baltimore 38 yrs 3 mos e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3914 Sixth St. VA Hospital YES NO 4 DATE Day Middle Month Year 3. NAME OF First Lost DECEASED 66 October 12 ALLEN 19 .Tames DEATH (Type or print) 9. AGE (In years lost birthdoy) 75 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS omo ave S. SFX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** X Manths Hours Male White WIDOWED DIVORCED 9-11-1891 guo 12. CITIZEN OF WHAT permit. Then please relicon, ar remaval, and in a 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) the death certificate be U.S.A. during most of working life, even if retired) **INDUSTRY** Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Esther Joseph Allen - Deceased 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dotes af service signed by the atter burial-transit permi burial, cremation, a 215-544-935 VA Hospital Records - Perry Point, Md. Yes WWI INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial Pneumonia, bilaterial 10 to 14 days requires that IMMEDIATE CAUSE (a) physician. DUE TO Generalized debilitation associated with Canditians, if ony, which gave years rise to immediate couse (o), chronic psychosis DUE TO stoting the underlying cause by the haspital ar attending the has been Arteriosclerosis, generalized years lost. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES T NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached 1 State Dept. af Dept. af (IF FITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stote) 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Nat While TO FUNERAL DIRECTOR: After 6-27-28 19 10-12-66 19 21. I certify that (X) (this hospital) attended the deceased from . ta be retained STOCKED STOCKED CONTROL OF THE STOCKED CONTRO 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF 10-13-66 DIRECTOR PHYS. directar, page 3 shauld be filed v PHYS 22d. ADDRESS Page 4 may i 22c. PHYSICIAN'S IRINA REUS, M. D. VAH Perry Point, Md. NAME (Type) 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23o. BURIAL CREMATION. REMOVAL (Specify) Baltimore, Md. Baltimore National Remova 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR lianles PENNINGTON & SON - Havre de Grace, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) a. COUNTY b. COUNTY . STATE Cecil ecil \$ 7 MARYLAND v b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Tiffa Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital 202 Tanding Tane YES NO I completely 3. NAME OF 4. DATE Middle DECEASED (Typa or print) DEATH TET IT TA THE BAKER October 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS and Female White WIDOWED [ physician a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPI ACE (County & State, or foreign country) dona during most of working life, even if ratired U.S.A. Restaurant Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Ott Louisa Homiller 4 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or dates of sarvica) Mrs. Mary Louise Perkins, Newark, Del 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Embolus IMMEDIATE CAUSE (a) DUE TO Pelvic phlebothrombosis Conditions, if any, which gava rise to immadiate causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of itam 18.) 9-27-66 MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Not While at work at work home OR: 1964 to 10-8 DIRECT 3 should b 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR death. Page 4 M.D. page with t 22c. PHYSICIAN'S ADDRESS NAME (Typa) 327 East Main St. Newark, Delaware Eppes, M.D. ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) O F Bethel Cemetery Burial Bethel 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE ( Funerals, Elkton, or Md .

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY Gecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Cocil
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
Elkton 10 min.	North East
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
Union Hospital	106 Howard St. ON A FARM?
3. NAME DF First Middle DECEASED (Type or print) EMMA D. BOYD	Last 4. DATE Month Day Year DF DEATH October 18 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 19. ACE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED J	Tune 26, 1884 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  #NDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife	Cecil Co. Maryland USA
	14. MDTHER'S MAIDEN NAME
Mhaman B. Davida	Jennie Rambo
Thomas R. Davis  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17.	
	oert A. Boyd  Addie So Howard St.  North East, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MTOCARDIAL	INFARCTION DISETARD DEATH
Conditions, If any, which \ DUE TO \ AZTELLO SCLEAGE	TIC CARDIO VASCULAR
	TIC CARDIO DIJECCHI
cause (a), stating the underlying cause last.  DUE TO  (c)  Olisic AS	
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT  20a. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE	E OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory  Hour a.m.  p.m. 19 At work at work	y, street, office bldg., etc.)
	OCT , 1966, to 1800T , 1966, that (1) (NO) last
	death occurred at M., from the causes and on the date stated above.
22a. SIGNATURE	22h. DATE SICNED
Modern M.D.	ATTENDING MED. DIRECTOR DHYS. D 18 Oct 1946
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Robert L. Gray	Elkton Medical Park, Elkton, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
Burial (Specify) Oct. 21, 1966 West Nottingha	
DA FUNEDAL DIDECTOR	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE
Grant Funeral Home	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 Irs after Cecil Cecil land MARYLAND ve carbon papers. Pages event, within 72 hours aft b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Rural. North East North East = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO P remove carborn any ever YES death certificate be executed within 3. NAME OF DATE **First** Middle Last 4. Mon th Day DECEASED AUGUSTUS WARD BURR (Type or print) DEATH October 19 66 ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED White Male 18,1895 WIDOWED DIVORCED lease ra 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician in please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Insulation Philadelphia. Penna. Retired - Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending plermit Then Augustus W. Burr Mary Brdman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the aux 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Elizabeth C. 05 Mrs. Burr, R. cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat INTERVAL BETWEEN requires that the ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that t be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to immediate the or to DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for use hould be filed with the State Dept. of Health PERFORMED? YES [ NO D 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Whlle Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at . M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Page 4 may PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) NORTH EAST. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF LOCATION (City, town or county) 23b. REMOVAL (Specify) uitland ston 13,1966 Cedar Hill Crematory Was Oct ion on 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR Elkton, Maryland VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIEICATE OF DEATH

1. PLACE OF D				AIE OF DEATH			- 1	40	46	
a. COUNTY	DEATH Cecil		MARYLAN	2. USUAL RESIDENCE o. STATE Mary	E (Where dece	ased lived, if institut b. COUI		ce betar	e admissio	n)/
b. CITY OR T	TOWN (If outside corporate lin	mits,	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If	outside corpo	rate limits, write RUI	RAL and give	neares	t town)	
write RU	RAL ond give neorest town) Perry Point		6 days	Bel	Air			15	2-2	
	HOSPITAL OR INSTITUTION (IF	nat in haspital,	give street address)	d. STREET ADDRESS					e. IS RESID	ENCE
Vetera	ans Administ	ration	Hospital	138	N. Mai	n Street			YES	
3. NAME OF		First	Middle	Last	4. DATE	Mant	h	Day		
(Type or pri	int) SI	LAS	Winfield	d CAIN	DEAT	H Octobe	r	7	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years Jast birthday)	IF UNDER Manths		IF UNDER	
Male	White	WIDOWED	DIVORCED \$	12-13-94		71 Yrs.	Mailins	Days	Hours	Min.
10a. USUAL OCCL	UPATION (Give kind of work do working life, even if retired)	1	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Cau			(0)	IZEN OF UNTRY?		
	orney		LAM	14. MOTHER'S MAIDE		Maryland		•10 •	25.4	
13. FATHER'S N	HENCY es.Cain (D	)		Charle		ldwin	(D)			
IS. WAS DECEA	ASED EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFORMANT	7	Addre	ess			
Yes, no, or unk	(If yes give wor or date	es of service)	5 56 17/12	A Hospital	Decord	e Panny	Poir	+ .	Md.	
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last.	e diderrying coose	(c)								
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PART II. O PART II. O PART II. O OR CONTRI (IF EITHER, 20c. TIME 21. I 30x.2 22c. SIGN 22c. PHY NAM 23g. BURIAL (	DETERMENT CONDITION  DENT WAS UNDERLYING DENT WAS UNDERLYING DEATH NOTIFY MEDICAL EXAMINER)  OF INJURY Month, Day, Year Down Jam.  1 certify that (this between the condition of	20b. D  20b. D  20b. D  20d. In  20d. While  20d. While  20d. While  20d. While  20d. In  20d	INJURY OCCURRED 20 INJURY OCCURRED at work at	RRED. (Enter nature of injury  e. PLACE OF INJURY (Home, factory, street, office bldg., or	in Part I ar P farm, 20f. , 1966 , at 4:10 MED. DIRECTOR 23d.	(City ar town)  ta October  M fram causes  STAFF PHYS.  Perry I	22b. Di	ynty)  bb, the dat  ATE SIGN  - 7,  Mc  (County	PERFORM ES SE  (I)  (I)  (I)  (I)  (I)  (I)  (I)  (I	Stote) Stote) abave
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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and management, within 72 hours ofter deoty.

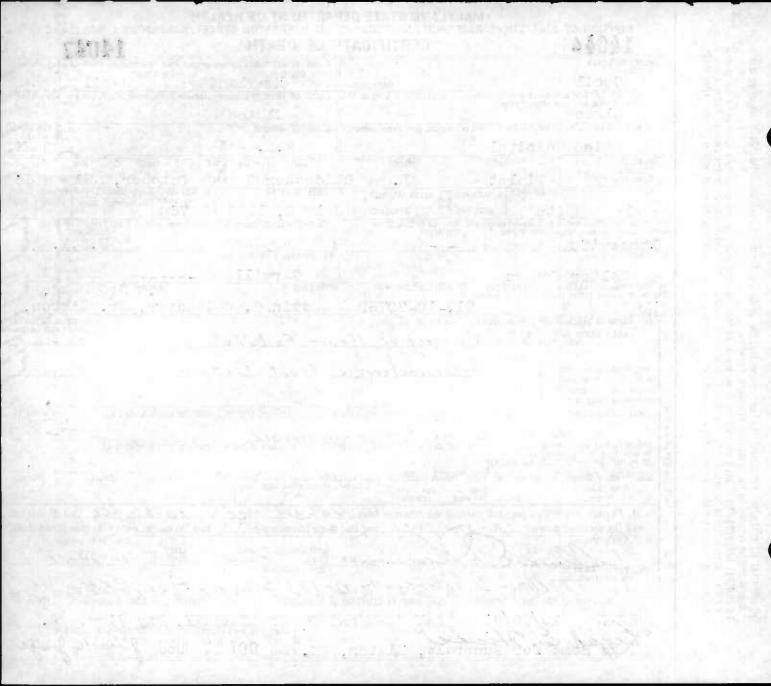
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14044
CERTIFICATE OF DEATH

1.	PLACE OF DEAT a. CDUNTY Cec			MARYL	AND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Mar yland Cecil						
	b. CITY OR TOW write RURAL	N (if outside corporate and give nearest town	te limits, n)	c. LENCTH DF STAY		c. CITY OR TOWN (I	f outside coi	rporate limits, writ	0 0 0 -	- 100-	own)	
		SPITAL OR INSTITUTIO	N (if not In ho	ospital, give street ad	idress)	d. STREET ADDRESS			0	e. IS RESIDE		
	Uni	on Hospit	al			R.D.	# 3			YES NO	100	
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Month		Day Year		
_	(Type or print)	Viol		L.		nidester	DEATI	00000		21 19 6		
Э.	2EX			NEVER MARRIED	_	. DATE DF BIRTH	9.	last birthday)	FUNDER 1	YEAR IF UNDER 24 Days Hours M	HRS.	
	emale	White	WIDDWED	DIVORCED			890	76 yrs.			71111	
during most of working life, even if retired)   iNDUSTRY								12. CI	TIZEN DF WHAT UNTRY?			
- 5	Housewi	fe				Maryl			U	.S.A.		
13.	FATHER'S NAM	IE				14. MOTHER'S MAI	DEN NAME	10 To 10				
	Walt	er Jon es	Carvi	lla			-77					
15 (Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates or	RCES?   16.	SDCIAL SECURITY ND.	17.	INFORMANT		Address	3	Md.		
	No			3-10-7078		Austin C	. Chi	dester,	Sr.	Elkton,		
	18. CAUSE OF PART I. DE	DEATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE	1			art Faile	are			INTERVAL BETWE DNSET AND DEA	TH	
	4200								47			
	Conditions, If gave rise to		(b) 1+r7	Briosclera	Kic	Heart	1)15	255		Years	_	
~	cause (a), si underlying caus	tating the DUE	(c)									
TION	PART II. DTHER S	SIGNIFICANTCONDITIO	NS CONTRIBU	TINC TO DEATH BUT N	DTRELAT	ED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN P.	ART 1(a)	19. WAS AUTOP	SY D?	
FICA		Anemia	, Seve	ere, type	une	leterminel	/			YES ND		
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DINC CAUSE OF DEAT	H IER)	ESCRIBE HOW INJUR	Y DCCUF	RRED. (Enter nature o	of injury in P	art I or Part Ii of	Item 18.)			
MEDICAL	20c. TIME OF Hour a.m	NJURY Month, Day,				E DF INJURY (Home, f		(City or town)	(Cour	ity) (State	e)	
ME	p.r		While at work	Not While at work	10000	y, au cet, omcobiog.,	510.7					
	21. I certif	y that (I) (this hosp	ital) attende	d the deceased fri	om	16-3- ,1	9CC, to.	10-21-	, 1966	that (I) (we)	last	
	saw the dec	ceased alive on				death occurred at&						
ı	22a. SIGNATUR	RE MARIE CO	X,	Vecen	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	100	TE SICNED		
	22c. PHYSICIA NAME (Ty		n D 5	chasen i	7.17	22d. ADDRESS	nserl	Ave.	EL	Hen. 196		
23a			HEREDF	23c. NAME DE CEN	METERY	OR CREMATORY	23d. 10	CATION (City, Tow	n or cour	nty) (State)		
	REMDVAL (Spe	110/25/	66	BAY VIEW	I ME	THODIST C	BMETE	RY. Bay	Vie	w. Ud.		
24.	FUNELAL DIRE	CTDR S	6.1	ADDRESS			C'D BY RECI	STRAR 25b. REG		SIGNATURE		
	HICKE	Home for	Funer	als. Elkt	on.	Md DATE	OCT 27	1966 8	Clian	res Judge	2	

AI5



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after depth. executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physicion.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		CERTIFIC	ALL	OF DEAL	1		1411			
1			1	2. USUAL RESIDEN	ICE (Where	leceased lived, If	institution:	Residence	before ad	imission)
ecil		Manya		a. STATE	d.	b. C	DUNTY	cil		
	te limits.					rporate limits.			e neares	t town)
and give nearest tow	n)					or por a continuo	Will work		11	
PITAL OD INSTITUTO	N /if not in h	penitsi giya etraat ad	draga					0%	10 DEC	IDENCE
STINE OR INSTITUTE	וו ווו זטנו זון את	ospitai, give street ad	uress)	d. STREET ADDRESS					ON A F	ARM?
Fi	rst	Middie		Last		E M	oπth	Day	Yea	ır
EMMA		ELIZABETH		COATS		H Octo	ber	7.	19	66
6. COLOR DR RACE	7. MARRIED	NEVER MARRIED	T   8			AGE (In yea	rs   IF UNDE			
Colored			_	farch 17 10	17	-	montana	Days	Hours	Min.
IDN (Give kind of work	done   10b. K					-		CITIZEN	OF WHAT	<u></u>
	d)   I	NDUSTRY						OUNTRY	?	
	Hom	0.	-		DEN MANE		U.	S.A.		
				14. MUTHER'S MAI	DEN NAME					
artin.				Margaret	Cottor					
EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Ad	dress			
	,		Tam	es A. Cost	•	Cecil	ton, M	d.21	913	
DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).		CO AL COUL				INTE	RVAL BET	
ATH WAS CAUSED BY	:			tto Ween	+ Die	0000				
/	(-)	Treer Toses	rer	orre Hear.	C DIS	case		-	) mo	HUIL
/	TO									
immediate /	(b)									
ating the	10									
	(c)									
IGNIFICANTCONDITIO	ONS CONTRIBI	UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL	DISEASE CO	NDITION GIVEN	IN PART 1(a)	19.	WAS AU PERFORI	TDPSY MED?
coronary	oceli	ision with	m T	rocardia.	Thra	retion	and	YE		NO 3
WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RED. (Enter nature o	of injury in	Part I or Part	I of Item 1	3.)		
IFY MEDICAL EXAMI	VER)									
NJURY Month, Day,	Year   2Dd. I	NJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, f	arm.   20f.	(City or town	) (Cc	unty)	(S	state)
	While	Not While	factor	y, street, office bldg.,	etc.)	(-1,	,			
				SHARE		7 0.1		66		
y that (1) (this hosp										
	7 Oct	1966_, an	d that	death occurred at.	7:00,1	AuMithe caus				above.
-06 0				ATTEMPINE	MED	CTAFF	22b.	DATE SIG	NED	
	ركنه	mp	M.D.	PHYS.	DIRECTOR	PHYS.	11	Oc.	t 66	)
	Obensh	ain. M.D.			, Md.	21913				
ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	OCATION (CIty	, town or co	ounty)	(St	ate)
Oct 12	1966	Cecilton C	01-	Cemetery	Ceci	lton.	Cecil	Co:	M	d.
	1300	ADDRESS	018		100-				ATURE	
llows,	M	Hillington	Md.		OCT 1	3 1966				192
	SPITAL OR INSTITUTION  FIEMMA  6. COLOR DR RACE  Colored  IDN (Give kind of work ing life, even if retire  e.  E  ATTIN.  DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE MINER IN EATH IN EATH OF THE CAUSED BY IMMEDIATE BY IMMED	PORTION (If outside corporate limits, and give nearest town)  SPITAL OR INSTITUTION (If not in horizon in hori	PORT INSTITUTION (If not in hospital, give street ad give nearest town)  SPITAL OR INSTITUTION (If not in hospital, give street ad give nearest town)  First Middle  EMMA ELIZABETH  G. COLOR DR RACE 7. MARRIED NEVER MARRIED DIVORCED  IDN (Give kind of work done in lindustry)  Politic Property Property (If yes give war or dates of service)  EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)  EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)  EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)  EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)  EVER IN U.S. ARMED FORCES? 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(If yes give war or dates of yes give wa	ecil Maryland N (if outside corporate limits, and give nearest town)  SPITAL OR INSTITUTION (if not in hospital, give street address)  First Middle  EMMA ELIZABETH  6. COLOR DR RACE   7. MARRIED NEVER MARRIED   8  Colored WIDOWED DIVORCED   MIDDUSTRY  HOME  E Artin.  EVERINUS. ARMED FORCES? (If yes give war or dates of service)  EVERINUS. ARMED FORCES? (If yes give war or dates of service)  BEATH [Enter only one cause per line for (a), (b), and (c).]  ATH WAS CAUSED BY: (b) MIDDUSTRY  DUE TO any, which immediate cause (a) Arteriosclero  any, which immediate cause (b) DUE TO any, which immediate (c) (c)  EIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE DEATH ITIFY MEDICAL EXAMINER)  NG CAUSE DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE DEATH ITIFY MEDICAL EXAMINER)  NG CAUSE DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE DEATH TO CAUSE DE	PORT I COLOR DE RACE  TIND SIDE SENTIAL OR INSTITUTION (If not in hospital, give street address)  PITAL OR INSTITUTION (If not in hospital, give street address)  First  EMMA  ELIZABETH  COATS  6. COLOR DR RACE  MIDOWED  DIVORCED  March, 17, 19  IDN (Give kind of work done in fretired)  PORT IN FEBRUAR  ELIZABETH  COATS  10. BIRTHPLACE (Instrument)  PORT IN FEBRUAR  ATTENDISTRY  DUE TO  AND	A STATE MG.  C. CITY DR TDWN (if outside corporate limits, and give nearest town)  N (if outside corporate limits, and give nearest town)  N (if outside corporate limits, and give nearest town)  Print Colored (Institution)  EMMA  ELIZABETH (COATS)  6. COLOR DR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   DECOATS   DEATH   DECOATS   DECOATS	PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital)  PITAL OR I	2. USUAL RESIDENCE (Where deceased lived, H institution:   a. STATE   Md.   b. COUNTY   Ce   c. CITY OR TOWN (if outside corporate limits, and give nearest town)   d. STREET ADDRESS	2. USUAL RESIDENCE (Where deceased lived, H iontitution: Residence ecil  N (if outside corporate limits, and give nearest town)  And give nearest town)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital, give street address)  PITAL OR INSTITUTION (if not in hospital)  PITAL OR INS	### COLOR DR RACE   7. MARRIED   DIVORCED   DIVORCED

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0=1(11110)	THE OF PERTIT	7 44 1 23	22
1. PLACE OF DEATH a. COUNTY Cecil	MARYLAN	a. STATE Monar	ere deceased lived, If institution: I	Residence before admission)
b. CITY OR TOWN (if outside corpora write RURAL and give nearest tow	te limits,   c. LENGTH OF STAY IN		e corporate limits, write RURAI	L and give nearest town)
write RURAL and give nearest tow Elkton	n) 1 Day		Elkton	47 1
	ON (if not in hospital, give street addre	ss) d. STREET ADDRESS	ETV COII	e. IS RESIDENCE
			77. 7	ON A FARM?
Union Hospit		Frenchtown	n Ra.	YES NO X
3. NAME OF FI DECEASED (Type or print) GEORG	irst Middle E ELSWORTH CF		DATE Month DF DEATH October 1	Day Year 8 19 66
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER	1 YEAR IF UNDER 24 HRS.
Male White	WIDOWED DIVORCED	June 17,1891	last birthday) Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work	done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country)   12. C	ITIZEN OF WHAT
Machinist  Machinist	Textile	Maryland	C	OUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME	
Thomas A.	Creswell	Mary Tyso	on	
15. WAS DECEASED EVER IN U.S. ARMED FO	PRCES?   16. SOCIAL SECURITY NO.	7. INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates o	215-09-8892	Laura J. Cres	swell Elkton	R.D.2Md.
18. CAUSE OF DEATH [Enter only on			C.	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Cardio - Res	mutory tar	lue	01102111110
5271 DUE	10 0 5 0			20
Conditions, If any, which	( Cor Puller	mile		Jourse
gave rise to immediate cause (a), stating the DUE	TO			1. ~
underlying cause last.	(6) Chimie de	were Emple	ysenen	& armelis
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF DEAL CAUSE O	DNS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE	ECONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPE	TH NER) 20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury	In Part I or Part II of Item 18	3.)
ZOC. TIME OF INJURY Month, Day, Hour a.m. p.m. 19		PLACE OF INJURY (Home, farm,   2	20f. (City or town) (Con	unty) (State)
Hour a.m.	Mille Wot Mulle	ctory, street, office bldg., etc.)		
21. I certify that (I) (this hosp	pital) attended the deceased from.			C, that (I) (we) last
saw the deceased alive on	19°4, and 1	hat death occurred at		
22a. SIGNATURE	hyper 29	M.D. PHYS. MED.	- STAFF -	PATE SIGNED
22c. PHYSICIAN'S NAME (Type) Roland	1	22d. ADDRÉSS Elkton,	Maryland	1 cy
23a. BURIAL, CREMATION, 23b. DATE 1 REMOVAL (Specify) Oct. 2		Town Many Die	LOCATION (City, town or co	unty) (State)
24. FUNERAL DIRECTOR	ADDRESS		ELKton, Md. REGISTRAR   25b. REGISTRAR	'S SIGNATURE
"PIPPIN" FUNERAL	OME /2 Qu Elktor		1 1986 Clian	
./96	well out	DATE UUI	0 1040	10

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THE REPORT OF STREET Service of the Control of the Contro MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14048

14051

	1. PLACE OF DEATH					2. USUAL RESIDENCE (				e before	odmissio	on) V
	ocenti c	ounty		MARY	LAND	Dist. of	Columb	b. (0U	NTY			
	b.·CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If ou			RAL ond give	neoresi	town)	
	Perryv	id give neorest town)		47 days	3	Washing	ton			47	. 3	
		TAL OR INSTITUTION (If n	ot in hospitol,			d. STREET ADDRESS	,				. IS RESID	DENCE
7	VA Hos	pital, Perr	y Point	Md.		1113-7t	h Stre	et, NW		1	ON A FA	NO 🔀
	3. NAME OF	F	rst	Middle		Lost	4. DATE	Mon	th	Doy	Уеа	) i
	DECEASED (Type or print)	Will	ian	Emanue	el	Day	OF DEATH	Octobe	r 30		19	66
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years	IF UNDER 1		IF UNDER Hours	
	Male	Negro	WIDOWED	DIVORCED		July 24,190	)4	62y yrs.	Months	Doys	nours	Min.
	10o. USUAL OCCUPATIO	N (Give kind of work done	10b. KI	IND OF BUSINESS OR	600	11. BIRTHPLACE (County	& Stote, or for	eign country)	12. CIT	IZEN OF	WHAT	- 6
	Stationa	life, even if retired) ry Engineer	I N	<sub>lDUSTRY</sub> Manufacturi	ng	Lee Count	y.Virg	inia	1	INTRY?	A.	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN					7 =	
Н	Willia	am Emanuel :	Day			Emma D	avis					
	IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17.	NFORMANT		Addr	ess			
	Yes, no, or unknown)	(If yes give war or dotes	22	25-10-5108	VA	Hospital Re	cords,	Perry :	Point,	Md	•	
	IB. CAUSE OF E	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  QUEEN AND DEATH										
	PART I. DE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Pulmonary Edema Congestive Heart Failure										
d	754	DUE		4 m. 3 3		_				_	-	
	Conditions, if one	te couse (a)	(2)			hrosis, both		-			days	
	stoting the und		(c) Thro	mbosis abd	omin	al Aorta wi	ommon th ext	Iliac Ar ension i	tery nto/	2-	-10 d	lays
	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CON	NDITION GIVE	IN PART I(o)			WAS AUTO PERFORME	
,	ATIC											NO 🔲
	OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CURRED.	(Enter noture of injury in	Port I or Port	II of item 18.)				
	3 20c. TIME OF IN.	JURY Month, Day, Yeor	20d. II	NJURY OCCURRED		CE OF INJURY (Home, form		(City or town)	(Cou	nty)	(:	Stote)
	WED Hour o	.m. 37A 19	While of wor		foct	ory, street, office bldg., etc.						
	21. I cert	ify that (1) (MANAGE	atten	ded the deceased	fram_	9-13-66 ,1	19, to	10-30-	66, 19_		SEXPANCE.	we) No
	XXXXXXXXX	Herensed XIIVXXXIXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ond tho	t deoth occurred at	1:20am	, from causes	ond on th	ie dote	e stated	above
	220. SIGNATURE	71.1	1	1		ATTENDING	MED.	STAFF F	22b. D#			
	Mid	Al Colonia	while was	15000 2840	. M.	D. PHYS.	DIRECTOR -	PHYS. L	] 10-		16	
	22c. PHÝSICIAN NAME (Typ		ORGES			VAH, Pe	rry Po	int, Ma	ryland	L		
	23o. BURIAL CREMATI		/	1 23c. NAME OF CEME	TEDY OD	CDEMATORY	1 224 100	ATION (City or To	Imml	(County)	10.	tote)
	REMOVAL (Specif		766					, ,	1	(county)	(5)	ioie)
	Removal  24. FUNERAL DIRECT	OR AND MA	11	Arlingt	on I	lational 250 REC'I	BY REGISTRA	Myers.	EGISTRAR'S SI	GNATUR	E	
		ROTHERS FUNI	CRAL HO		ngto	n, D.C. DATE		1966	ocho			tal

ond completely filled in by the funeral remove corbon popers. Pages 1 and 2 in any event, within 72 hours after death: **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicien director, page 3 should be detoched for use os the buriol-tronsit permit. Then obeose should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, and

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Q:			14049	CERTIFICATE	OF DEATH	14052
the funeral ages I and 2 rs affer death.		PLACE OF DEATH O. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE Maryland	lived, if institution: Residence before odmission) b. COUNTY Cecil	
by the f Pages		ł	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, North Last	c. LENGTH OF STAY IN 16 55 years	c. CITY OR TOWN (If outside corporate I Rural, North	imits, write RURAL and give nearest town)
lled in 1 papers. in 72 ho	00	(	B. NAME OF HOSPITAL OR INSTITUTION (If not $R_{ullet}D_{ullet}$	in hospitol, give street oddress)	d. STREET ADDRESS R.D. 1	e. IS RESIDENCE ON A FARM? YES NO
etely fil arban p nt, with		1	NAME OF First DECEASED Type or print) MARTHA I	Middle ELIZABETH GAMBLE	Lost 4. DATE OF DEATH	Month Doy Year October 17 1966
campl mave con		5. S	SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. A  January 15, 1888	GE (In yeors of UNDER 1 YEAR OF UNDER 24 HR Doys Hours Min
and in a	sitter one please re I, and in o	10o. duri	USUAL OCCUPATION (Give kind of work done ing most of working lite, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreig	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
hen nav	ton.  by the attending physician and campletely filled in by the funeral transit permit. Then please remave carban papers. Pages 1 and crematian, ar remaval, and in any event, within 72 hours after death		James H. Williams		Maryetta Mason	
tending rmit. T		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of s	service) 16. SOCIAL SECURITY NO.	nformant Etta E Gam	ble AddresR.D. 1 Box 85 North East, Md.
physic signed burial- burial,			18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	co Carcinoma of	- Urinary Blade	INTERVAL BETWEEN OSSET AND DEATH
al ar attending icate has been far use as the Heafth priar ta	^	NOI	last.	NTRIBUTING TO DEATH BUT NOT RELATED TO		PERFURMED?
a da in pa	C	CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Port I or Port II	YES NO L
he h this detac		MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	ity or town) (County) (State)
			21. I certify that (I) (this hasp saw the deceased alive on	ital) attended the deceased fram	t death accurred at <u>A. M.</u> , to	rom couses and an the date stated aba
be retained OIRECTOR: / e 3 shauld ed with the			220. SIGNATURE Klaus H.	Huelur M.		STAFF PHYS. D 22b. DATE SIGNED 10/17/66
Page 4 may be 10 FUNERAL DIRI director, page 3 should be filed v	-1			H. HUEBNER H.I.		
Page 4 may be ret TO FUNERAL DIREC director, page 3 s should be filed wii	R	B	BURIAL, CREMATION, REMOVAL (Specify) 10/20/6		tery Bay V:	
VR A15 (4) 20 M 1/66	15		ent Funeral Home	rouch North East	250. REC'D BY REGISTRAR DATE QCT 19	25b. REGISTRAR'S SIGNATURE Judge

20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14050			CERTIFICA	TE OF	DEATH		140	53
1. PLACE OF DEATH a. COUNTY Cecil			MARYLAND			Where deceased lived, if institution of Columbia		before odmission)
	(If autside carparate limi nd give neorest town) <b>Point</b>	s,	c LENGTH OF STAY IN 16 26 days 1 yr 11 mo	H	OR TOWN (If ou Washin	tside corporate limits, write RUR <b>gton</b>	AL and give n	47.3
	ITAL OR INSTITUTION (If n			d. STR	422 Sh	epherd Street	, NW	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		irst	Middle B.	Н	Lost GARY	4. DATE Month OF DEATH October		7 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		OF BIRTH	9. AGE (In years	IF UNDER 1 Y	YEAR IF UNDER 24 HR
Female	Negro	WIDOWED	DIVORCED	9-13	-23	43 yrs.	Inditins D	rdys Hadis Mill
10a. USUAL OCCUPATION during most of working Custod:	ON (Give kind af wark dane og life, even if retired) <b>i an</b>		ND OF BUSINESS OR IDUSTRY			& State, ar fareign cauntry)  South Caroli	COLIN	TEN OF WHAT
13. FATHER'S NAME				14. M	OTHER'S MAIDEN I			
Unknow	n				Unknow	n		
Yes, na, ar unknawn	VER IN U.S. ARMED FORCES: (If yes give war or dotes  WW II	of service)	79-24-8569 V	7. INFORMA		Addre ecords, Perry		
PART I. DE		(a) Ma.	ssive Pulmons					INTERVAL BETWEEN ONSET AND DEATH SUGGEN
rise to immedia	derlying couse	(c) Ge	obable Thromineralized Sk	in Eru	ption(C)	pronic Neurode NOTION GIVEN IN PART 1(a)	rmatit	is) Years 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTIN	/AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter no	oture of injury in	Port I or Port II of item 1B.)		YES X NO
20c. TIME OF IN Hour of	IJURY Month, Doy, Year J.m. D.m. 19	20d. II While at war	Not While		JURY (Home, form t, affice bldg., etc.)		(Count	ty) (State)
21. I cer	tify that (X (this ha	spital) atten	ded the deceased fran	Octob	er 16,1	9 64 , ta October	7196	6 Hanachiacana
22a. SIGNATUR		, u.n.	executiveses and	ATT	ENDING	MED. STAFF DIRECTOR PHYS.	22b. DATI	
22c. PHYSICIAN NAME (Typ		I, M.D.		22	d. ADDRESS	tal, Perry Po		
23a. BURIAL, CREMAT REMOVAL (Speci	fy) 10 7		23c. NAME OF CEMETERY Arlington I		al.	23d. LOCATION (City or Tov	Virgin	
24. FUNERAL DIRECT	Exen (M)	nara l	ADDRESS Havre	De Md	2Sg. REC'E	CT 17 1966	GISTRAR'S SIGI	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. death **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in yevent, within 72 hours after death.

VR A15 (4) 20 M 1/66

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tel, Japey Point, No.	iquel. 27		shere a lere-
		el de la contrata. Cara de contrata la contra	Levores
AND DESCRIPTION	. 91	,500 - 5	rezerve - 100 11765 EUR

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BETTER BUSINESS FORMS, INC., BALTIMORE, MD. 21201 MARYLAND STATE DEPARTMENT OF HEALTH

140	SION OF STATISTI	CAL RESE	CERTIFICA				BALTIMOR	141)5	YLAND		
PLACE DF D     a. CDUNTY	Cecil		MARYLAN	a. ST			sed lived, If institute b. COUNT			dmission)	
b. CITY OR	TOWN (if outside corpora	ate limits,	c. LENGTH DF STAY IN		R TOWN (If	outside corpor	rate limits, write			st town)	
Cecilto		wn)		Ceci	Iton			1	1/-1		
d. NAME DE	HDSPITAL OR INSTITUTI	ON (if not in t	nospital, give street addre	d, STREE	AOORESS				e. IS RES	SIDENCE FARM?	
3. NAME DE	F	Irst	Middle	Las	t	4. DATE	Month	Da		ar	
DECEASED (Type or pr	Int) DOROT	HY		HAGGERT	ry	DF DEATH	Octobe	r 4	_ 19	66	
5. SEX	6. COLOR DR RACE	7. MARRIED	NEVER MARRIEO	8. OATE OF		9. A	GE (In years   IF	UNDER 1 YEA	RIFUNDE	R 24 HRS.	
Female	White	WIDOWEO	OIVORCED [	Novembe	r 16.			lonths   Oays	Hours	Min.	
10a. USUAL OCCI	UPATION (Give kind of work	done   10b. k	(IND OF BUSINESS OR				foreign country)	12. CITIZE	N OF WHA	T	
Housewo	working life, even if retire		NOUSTRY OTRE	Mo	1			U.S.			
13. FATHER'S		1 110	Jule		HER'S MAIO	EN NAME		0.00	ri.e		
Joshua	Road			7714	-1-41	Ol anh					
15. WAS DECEA	SED EVER IN U.S. ARMED FO	ORCES?   16.	SDCIAL SECURITY NO.	17. INFORMANT		Clark	Address				
(Yes, no, or unko	wn) (If yes give war or dates	of service)									
No.				liss, My	rtle H	aggerty,	Cecil	The second secon	d21		
	OF DEATH [Enter only or I. DEATH WAS CAUSED BY								TERVAL BE NSET ANO		
FARI	IMMEDIATE CAUSE	(a)	Cerebro-v	ascular	acc:	ident			one year		
33	1 X OUE	TO									
	If any, which	(b)									
	to immediate OUE	т0									
underlying		(c)					7.1				
PART II. OTH SEVE 20a. ACCID OR CONTRIB CIF EITHER,	IER SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE	TERMINAL D	ISEASE CONDIT	IDN GIVEN IN PA	ART 1(a) 19	PERFOR	UTOPSY	
seve	re pvelone	ohriti	g. Arteriog	clemeti	a he	ant di	20020		YES T	NO [	
≟ 20a. ACCID	ENT WAS UNDERLYING	20b.	s, Arterios	CCURREO. (Ente	r nature of	Injury in Part	or Part II of	Item 18.)		X	
G (IF EITHER,	ENT WAS UNDERLYING F BUTING CAUSE OF DEA NOTIFY MEDICAL EXAMI	NER)									
g 20c. TIME	OF INJURY Month, Day, a.m.		Not While	PLACE OF INJUR actory, street, of			ty or town)	(County)	(	(State)	
				A	1/	C-1-2	Oct	10.66	Ab = 1 (1) 4	ue) lect	
saw the	deceased alive on	pital) attend	ed the deceased from Ct 19 65 and	Aug that death DCC	urred at	5: Off frail	The causes at		ate state	we) last d above.	
22a. SIGN	ATURE 01	1	- 2.0	ATTENO	INC I	450	STAFF	22b. DATE S	SIGNED		
1	TICIAN'S	MULLINE	w mr	M.O. PHYS.	DX1 (	MEO. DIRECTOR	PHYS.	6 Oc	t 66		
22c. PHYS		01			ODRESS						
	Mallace	Ubensi	nain, M.D.	Cec	ilton	, Md. 21	1913				
23a. BURIAL, C	REMATION, 23b. OATE		23c. NAME OF CEMET		TORY	23d. LOCA	TION (City, tow	n or county)		tate)	
Burial.		1966	Bethel Ceme	tery		Chesar	peake Ci			d.	
24. FUNERAL			AOORESS		25a. REC	'D BY REGISTR		ISTRAR'S SIG	-		
Edward	Fellows,		Millington,	Md.	DATE C	CT : 0	1966	Clark	y you	tge.	

VR AI5 (4) 20M 1/65

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## MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301

14052		CERTIFICAT	E OF DEATH	14	155
. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived, If institution	: Residence before admission)
a. COUNTY CEC	16	MARYLAND	a. STATE MAA	RILLAND COUNTY	ECIL
b. CITY OR TOWN (if outside co write RURAL, and give neare	rporate limits.   C.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	de corporate limits, write RU	RAL and give nearest town)
ELKTON		MONTHS	CHESAR	EAKE CIT	1/07-1
d. NAME OF HOSPITAL OR INST	ITUTION (if not in hospi	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VMION	HOS P/1	+AL			YES NO
. NAME DF OECEASED	First	Middle	Last 4.	DATE Month OF	Day Year
(Type or print) Anni			larasymczuk 8. DATE OF BIRTHA FG:	DEATH Oct	27 19 66 DER 1 YEAR   IF UNDER 24 HRS.
6. COLOR OR	7. MARKIED	NEVER MARRIED	8. DATE OF BIRTH 39	9. AGE (In years IF UNI last birthday) Month	IS Days Hours Min.
female W Oa. USUAL OCCUPATION (Give kind o	WIDOWED _	OF BUSINESS OR	12/5/1899	yrs.	CITIZEN OF WHAT
uring most of working life, even if	retired) INDU	ISTRY/	11. BIRTHPLACE (County of	& State, or foreign country) 12	COUNTRY2
3. FATHER'S NAME	I-E AT	HONE	Austria 114. MOTHER'S MAIDEN N	AMC	DU A
O. PATRIER S HAME	10/05/	NIAK			2
? 15. WAS DECEASED EVER IN U.S. ARM	MED FORCES?   16. SOC	CIAL SECURITY NO.   17.	Annie? V	VOSNICK Address	- DUDLANT
Yes, no, or unkown) (If yes give war or		- /	OHN HARASV	MICZUK - C)	ty Ma
18. CAUSE OF DEATH [Enter o	nly one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: Arter	riosclerot:	lc Heart Dise	ease	5 year
4201	DUE TO				
Cenditions, If any, which	(b)				
gave rise to immediate (	DUE TO				
underlying cause last.	(c)				
PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION	IG TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	SECONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
recent myo	cardial in	farction.			YES NO
20a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL I	NG   20b. DES	CRIBE HOW INJURY OCC	URRED, (Enter nature of Injur	y In Part I or Part II of Item	18.)
20c. TIME OF INJURY Month,		RY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
Hour a.m.	While _	Not While fact	ory, street, office bldg., etc.)		
p.m.	19   at work	the deceased from	Aug 27, 19	560 <u>27 Oct</u> , 19	66 that (I) (we) last
21. I certify that (I) (this saw the deceased alive of	27 0ct 60	om 19 / and the	Aug 27, 19 of death occurred at 8	M. ComPose causes and c	n the date stated above.
22a. SIGNATURE	11/1	//		22b.	DATE SIGNED
1 rell	ele Hu	WILL M.	D. PHYS. MED. DIRECT	TOR PHYS.	28 Oct 66
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		
Walla	ve Obensh			Lton, Md.	
3a. BURIAL, CREMATION, 23b.	. 011011	3c. NAME OF CEMETER	11	Bd. LOCATION (City, town or	county) (State)
BURIAL IOC	T.31,1966	IMMACUL	HE CONCEPTION	CHEKRY F	1/ LC /VIA.
24. FUNERAL DIRECTOR	11	ADDRESS) EL	Ktun 25a. REC'D B	m	ran's signature
PIPPINI PUNERIAL	MINE No	wed/Notes	MICH DATE OCT	3 1 1966	and har

VR AI5 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14053 CERTIFICATE OF DEATH
14056

N		~ ~ ~ ~ ~ ~ ~	<b>4</b> — 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1.	PLACE OF DEATH a. COUNTY	TE WELLE ZONE IN ALL			Institution: Residence before admission)
1		Cecil	MARYLANO	a. STATE	ryland	Cecil
		b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (I	if outside corporate limits,	write RURAL and give nearest town)
		rtDeposit Rural	Years	Port Dep	osit	Rural Of./
		d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET AODRESS	3	e. IS RESIDENCE ON A FARM?
0	_	.F.D. # 1		11	# 1	YES X NO
	3.	NAME OF First DECEASED	Middle	Last	DF	onth Oay Year
	E	(Type or print) Essie SEX   6, COLOR OR RACE   7 MARRIE		olliday		0 9 19 66
	Э.	7. WARRI	TO MEVER MARKIED	8. DATE OF BIRTH	last birthda	rs   IF UNDER 1 YEAR   IF UNOER 24 HRS.   Months   Oays   Hours   Min.
		male White   WIDOW	. KIND OF BUSINESS OR		889 77 yrs	
2	Jour	ing most of working life, even if retired)	INDUSTRY			COUNTRY?
5		ok Ret. Res	sturant	Tyler Co	. West Va.	U. S. A.
		ames A. Willers . WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17.	Elma .	Ann Mahan	dress
	(Ye	s, no, or unkown) (If yes give war or dates of service)				
	L			rs. L. B.	Gutman Po	rt Deposit Md.
		18. CAUSE OF DEATH [Enter only one cause per PART I. OEATH WAS CAUSED BY:	or tine for (a), (b), and (c).	0	10	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Myrand	ial v	Marchin	1 dan
		420/ OUE TO	0		A	,
		conditions, if any, which gave rise to immediate (b)				
-		cause (a), stating the OUE TO				
	N	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDITING TO DEATH DUT NOT DELA	TEO TO THE TERMINAL	OLOGEAGE CONDITION CIVEN	IN PART 1(a) 19. WAS AUTOPSY
-	ATIC	PARTITIONER SIGNIFICANT CONDITIONS CONTR	IBOTING TO DEATH BUT NOT KELF	TIEU TO THE TERMINAL	OISEASE COMDITION GIVEN	PERFORMEO?
2	FIG	200 ACCIDENT WAS UNDERLYING TO 1 20b	OESCRIBE HOW INJURY OCCU	IDDED (Enter neture	of Injury in Part I or Part	YES NO
ì	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE NOW INJURY OCCU	AKED. (Eliter liature	or many in rate i or vare	II of item 20.9
	MEDICAL		. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home,	farm, 20f. (City or town	(County) (State)
	/EDI	Hour a.m. Wh	le - Not while -	iy, street, onice bidg.,	616.)	
0		21. I certify that (I) (this hospital) atte		10-2	1966, to 10-	9 1951, that (I) (we) last
9		saw the deceased alive on 70-				ses and on the date stated above.
		22a. SIGNATURE	Al-		MEO STAFF	22b. OATE SIGNED
		Meil	Touther. M.I		MEO. STAFF PHYS.	10-11-66
,		PHYSICIAN'S NAME (Type) Neil R. Tayl	or Jr.	Rising	Sun, Md.	
	23a	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (CIT	y, town or county) (State)
	B	REMOVAL (Specify)	Haneyville	Cem.	Lock Have	n Pa.
1	23	FUNERAL OIRES OF	AODRESS	25a. R	EC'O BY REGISTRAR   25b.	REGISTRAR'S SIGNATURE
2	14	omme 11/21 faces	Rising Sun,	Md OATE	OCT 1 3 1966	Miarles Judge
			axeside andbrides a	***		

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sing Sun, Ma.	i. T	. 75 '101'	ol . Lien	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14054 by the funeral Pages 1 and 5 executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTYCecil b. COUNTYNorthampton MARYLAND c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) 1 day Bethlehem campletely filled in bave carban papers. y event, within 72 ha e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS campletely filled Union Hospital 437 Wyandotte St. YES NO X Month 3. NAME OF Middle 4. DATE Day Year First Lost DECEASED CREAD HYATT October 6 1966 (Type or print) DEATH 9. AGE (In years last pirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remave Male White January 4, 1889 WIDOWED DIVORCED in any and 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming COUNTRY? lease attending physician permit. Then please and Micaville N.C. Foreman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phys burial-transit permit. Then burial, crematian, ar remaval, Sarah McCllean Jayson Hyatt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 437 Wyandotte St. Bethlehem, Pa. (Yes, no, arunknown) (If yes give war or dates af service) Henry W. Barnes 162-28-3261 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: vascular IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove caldidade ulas rise to immediate cause (a). DUE TO stating the underlying couse **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending the has been last. as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health CERTIFICATION NO **JO FUNERAL DIRECTOR:** After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Healt 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased from + - 10 , 1964, to Oct. . 19 6. that (D(we) last 0 ct 6 19 66, and that death accurred at 9.30 AM, fram causes and on the date stated obove. saw the deceased alive on\_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR 10-6-66 PHYS. 22c. PHYSICIAN'S Jay ADDRESS Mauldin Ave, North East, Md. S. Barnhart Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) North East 23o. BURIAL CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 10/9/66 North East Methodist Cem. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Md.

DATE

20 M 1/66

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VR A15 (4) 20M 5-63

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17.055

CERTIFICATE OF DEATH

15.91

_	LEURL									JU	14		
	PLACE OF DEATH					2. USUAL RESIDEN	CE (Where d	leceesed lived, If	institution:	Residen	e before a	dmission)	
	Cecil			MARYLA	ND	e. STATE Delawa	re	b. COU	lew C	ast	le	/	
	b. CITY OR TOWN (if	outside corporate limits,		c. LENGTH OF STAY IN	N 16								
	Elktor	give nearest town)	19			Nevark				11			
-	22	AL OR INSTITUTION (if no	ot in host	ital give street address)		d. STREET ADDRESS					I a IS RI	ESIDENCE	
			or the most	mor, give sileer educess,			7 - 17		7		ON	A FARM?	
_	NAME OF	Hospital					le Eg	M. An				№ [Л	
3.	DECEASED	First		Middle		Last	4. DATE	Mont	h	Day	Yeer		
	(Type or print)	Lillian		H.		Kyle	DEATI	octol	ber	27.	. 19	66	
5.	SEX	6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED	7   8.	DATE OF BIRTH	19	9. AGE (In yeers			IF UNDER	24 HRS.	
H	emale		IDOWE		No	v. 3. 191	9	lest birthdey)	Months	Deys	Hours	Min.	
100	. USUAL OCCUPATION	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INI		11. BIRTHPLACE (Coun		r foreign country)	12. CIT	IZEN O	F WHAT C	OUNTRY?	
do		king life, avan il retirad)									Λ		
13	FATHER'S NAME	lie	-	-		Pennsylv		7-1-1-10	1 0	S.	12.		
13.	TATTIER S NAME					4. MOTHER'S MAIDEN	NAME						
		er Lion				Ada Ba	iley						
		R IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. IN	FORMANT		Address	3				
	No				Wil	liam A. K	yle.	Newark	. Del	aws.	re		
	18. CAUSE OF DI	EATH [Enter only one cer	use par li	ne for (e), (b), and (c).]						LINT	ERVAL BET		
	PART I. DEATH	MAS CAUSED BY:	CUT	- MAGEST	INE	HEART	FAIL	UPE		ON	SET AND I	DEATH	
	477	DUE TO		2 000007	100	110.7101	1 1011						
	Conditions, if eny,	A STATE OF THE PARTY OF THE PAR	00.	LEDINECTE	0-1	IC JEAR	1 01	Com de so					
	gave rise to immedia	te ceuse	HE	I CKIDSCIE	201	IC HEAL	4 1/1	XEASC		-			
	(a), steting the un	DIJE TO											
	ceuse lest.	) (c)											
NO.	PART II. OTHER	SIGNIFICANT CONDITIO	NS CON	TRIBUTING TO DEATH BI	TON TU	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	[ 1(a)   1	PERFO	MED?	
CERTIFICATION		ARR- VALUE	EK	ED INCE MO	こん	T				1		NO 🗌	
TIE	20e. ACCIDENT WA		Ob. DES	CRIBE HOW INJURY OC	CURRED.	(Enter neture of injury in	Part I or Per	t II of item 18.)					
8	(IF EITHER, NOTIFY												
K	2Dc. TIME OF INJUR	Y Month, Day, Year	20d.	NJURY OCCURRED   20	e, PLACI	OF INJURY (Home, ferm	, : 20f. (Cl	y or town)	(Cou	inty)		(State)	
MEDICAL	Hour a.m.		While at work		factor	y, street, office bldg., atc.	.)						
Z	p.m.	19	1			A . 1	11 ( (		_	7.6			
	21. I certify th	at (I) (this hospital)	attend	led the deceased for	rom	1.6. 1.1.4	19.6ak, to	1.0.1.2	, 19	P.S. 1	nat (I) (	we) last	
	saw the decease	ed alive on	.0	27.19.6.6 and	that d	eath occurred and	M, from	n the causes	and on th	he dat	e stated	above.	
	22e. SIGNATURE	0		1		ATTENDING	AED.	STAFF			22b	. DATE	
	0.	/ andal	01	ford	M.D	DAME TAT D	RECTOR [	PHYS.		10,	129/	SIGNED	
	22c. PHYSICIAN'S					22d. ADDRESS	,						
	NAME (Type)	L. KALDA	11	ROSS		EIX	toN,	49.					
23	BURIAL, CREMATIC	ON, 236. DATE THEREO	F	23c. NAME OF CEME	TERY OF	CREMATORY	23d. LOC	ATION (City, to	wn or count	у)	(SI	lete)	
	REMOVAL (Specify)	10/31/6	6	Tmmaculat	ie (	Conception	Che	erry Hi	11. 1	Id.			
24	FUNERAL DIRECTOR		1.	ADDRESS		-	-	TRAR 25b. RE			URE		
14	ARR	01/01/	Lec	Rel	7 7	id. NOV	1 1 9 1	966 00	liarle	- 11	udge		
<u>_</u>	TICKE HO	he for Fun	era	ls, Elktor	_ ,	DATEUV	10	1000		1	9		
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14056

## CERTIFICATE OF DEATH

14058

				C
PLACE OF DEATH OCCURITY		2. USUAL RESIDENCE (	Where deceosed lived, if institution: Res b. COUNTY	idence before odmission)
	MARYLAND	Maryla		rioed
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	11	utside corporote limits, write RURAL ond	give neorest town)
Perry Point	D-O-A	Havre	de Grace	12.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Veterans Administration	Hospital	812 Ju	niata Street	YES NO E
3. NAME OF First DECEASED (Type or print) GELARD	Middle <b>J</b> •	LEADORE	4. DATE Month OF DEATH October	Doy Year 10 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR   IF UNDER 24 HRS. hs Doys Hours Min.
Male White WIDOWED	DIVORCED	7-15-18	48 yrs.	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Air Craft Worker	OF BUSINESS OR TRY		& Stote, ar foreign country) 12 Grace. Md.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME NAZIONAL	E
Pasquale Leadore (D)		Vincenti	a Na <del>sonoe</del> (D)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)  Yes WW II 215	-09-57-24 WA	Hosnital E	Records, Perry Po	oint. Md.
18. CAUSE OF DEATH (Enter only one couse per line for (o),		HOSPI COL		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute		infarction		ONSET AND DEATH
4.20 1 DUE TO	MJ 0000 0202	21125420020		
Canditions if any which nave s				
rise to immediate couse (o),		-		
storing the underlying couse				
	NEATH BUT NOT BELATED TO	THE TERMINAL DISPASE CO.	NOTION CIVEN IN DART 1/-1	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	PEATH BUT NOT KETATED TO	THE TERMINAL DISEASE CO	NUTTION GIVEN IN PART 1(0)	PERFORMED?
5				YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of item 1B.)	
Total Time of Model Model, 1901		ACE OF INJURY (Home, form		(County) (Stote)
Hour o.m. p.m. 19 While of work		ctory, street, office biag., etc.		
21. I certify that Of (this haspital) attended	the deceased fram_	October 10	19 66 , October 10	196 AMERIKAN WALTER
XOUNT BEST SECRET SECRET WAS SECURED WAX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxx and the	at death accurred at	9:30 M, from causes and o	n the date stated above
220. SIGNATURE		ATTENDING		DATE SIGNED
( Coph park	W M	I.D. PHYS.	MED. DIRECTOR PHYS.	10-10-66
22c. PHYSICIAN'S NAME (Type) B. ROTHFELD, M.	D.	VAH, Pe	erry Point, Md.	
230. BURIAL REMATION, 23b. DATE THEREOF,	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
Removal (Specify) 10/13/66	Ild. Ein		Hanude Des	4 Md.
24 FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
Pennington & Son, Havre de	Grace, Md.	DATEO	T 17 1956 July	wees Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14057

### CERTIFICATE OF DEATH

14059

		4								4 0	- '
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece			nce before o	dmission)
	o. COUNTY Cecil			MAK	RYLAND	o. STATE Maryla	en d	b. ((	DUNTY An	1 A	Irwada I
-		(If outside corporate limits	,	c. LENGTH DF STAY		c. CITY DR TDWN (If o		rate limits, write	RURAL and giv	e nearest to	own)
12	_	nd give neorest town)		21_da	ays	Denia				7	5 - 3
-		Point	a to be a fact of	1 yr 3 r	nos	d. STREET ADDRESS	ena			l e l	S RESIDENCE
		ITAL OR INSTITUTION (If no									ON A FARM?
	Veter	ans Adminis	al	Rt 3,		AE2	NO X				
3.	NAME OF	Fir	st	Middle	Towns.	Lost	4. DATE	M	onth	Doy	Year
	(Type or print)	ALV	IN	H.		LEGALL	OF DEAT	Octob	er	20	19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED   8.	DATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
	Male	White	WIDOWED	DIVORCI	ED 🗍	5-24-96		70 lost birthdoy)		Doys	Hours Min.
10		ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County		* *	_	TIZEN OF W	'HAT
	ring most of workin	g life, even if retired)		DUSTRY				g.,, , ,	Ç	UNTRY?	
12	None					Trinidad				DA	
13	. FATHER'S NAME				3-1	14. MOTHER'S MAIDEN					
	Unknow					Unkno	wn				
15	. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	f convice) 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Ad	dress		
1	Yes	10-7-29/5-	15-81	553-18-4	741	VA Hospita	al Re	cords.	Perry	Poin	t, Md.
F		DEATH (Enter only one cou								INTERV	AL BETWEEN
-		ATH WAS CAUSED BY:	Ver	tricular	fibri	llation				ONSET	and death
	LIDAN	IMMEDIATE CAUSE	(0)	102 2 0 02202		22001		****		Suud	ell
	7000	DUE	An	terioscle	rotic	Heart Disc	2266			1000	
	rise to immedia	te couse (n)	(0)	UCLIUSCIC	T OUTC	IICAL O DISC	casc				
	stoting the und				- 5.						
	lost.		(c)	rteriosci	lerosi	s, General	ized				
Z	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RI	ELATED TO TH	E TERMINAL DISEASE CO	NDITION GI	/EN IN PART 1(o)		19. W/	AS AUTOPSY RFORMED?
SE SE	- 10 N	CVA (Stroke	erigh	rt hemiple	egia)					YES	NO
CERTIFICATION	20o. ACCIDENT W	AS UNDERLYING				nter noture of injury in	Port I or P	ort II of item 18.)			
E	OR CONTRIBUTIN	G CAUSE OF DEATH			24-11						
		JURY Month, Day, Yeor	204 1	IJURY OCCURRED	200 DIACE	OF INJURY (Home, for	m. 1 20f.	(City or town)	100	unty)	(Stote)
MEDICAL	Hour o	.m.	While			y, street, office bldg., etc		(CITY OF TOWN)	100	on ty	(31016)
2		.m. 19	ot work	ot work					- 80 /		
	21. I cer	tify that (this has desensed of inexance)	pital) atten	ded the deceased	d fram_J	uly 1	19 65	toOctobe	r 2019	60 , 新36	对开 <del>了Wex His</del>
	squadrec	desensed of inexpersed	CXXXXX	XXXXXXX	and that	death accurred a	0:45	Marram cause	es and an t	he date :	stated abave
	22o. SIGNATUR		11	Λ				CTAFF	22b. D	ATE SIGNED	1000
	100	Bank	N W		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	10	-20-6	6
	22c. PHYSICIAN		3			22d. ADDRESS				147	
	NAME (Typ	e) B. SIN	GH, M.I	).		VA Hos	pital	, Perry	Point	t, Md	•
72	O TOPIAL CREMAT			23c. NAME OF CEA	METERY OF C	PEMATORY	234	OCATION (City or	Town)	(County)	(Stote)
23	o. TORHAL CREMAT						-				(21016)
	Removal	11/1/10-2	4-66	Balt.	Nat.	Cemetery	D BY REGIS	ltimore	REGISTRAR'S		
1 2	4 FUNERAL DIRECT	House /	Jan .						- 0		
	Patters	on Funeral	Home,	Perryvil	le, M	a. DATE	CT 2 !	1966	golian	Les X	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and if any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

AND 21201

		DIVISION OF STATES	IICAL KESEA	IKCH AND KECOKDS, S	OUT W. PRESTURE STI	KEEL, BALLIMOKE, MAK	TLAND ZIZ	:01
	14058			CERTIFICA	TE OF DEATH		140	600
1.	PLACE OF DEATH o. COUNTY C	ecil		MARYLAND	2. USUAL RESIDENCE 0. STATE	(Where deceased lived, if inst b. (	itutian: Resident OUNTY	ce befare odmission)
		f autside carparate limit give nearest tawn)	s,	c. LENGTH OF STAY IN 16		autside corparate limits, write	RURAL and give	nearest tawn)
	P	erry Point		189 days	Balti			31.4
		AL OR INSTITUTION (If n		ive street address)	d. STREET ADDRESS	Adleich		e. IS RESIDENCE ON A FARM?
		A Hospital			5519	adleigh Ave	.,	YES NO 🔀
3.	NAME OF		rst	Middle	Last	4. DATE M	lonth	Day Year
	DECEASED (Type or print)		John	L.	Leuschel	DEATH O		15, 19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Days Hours Min.
	Male	White	WIDOWED	DIVORCED	6 22 9	6 70 yrs		
		(Give kind of work done		ND OF BUSINESS OR DUSTRY	· ·	ty & State, ar fareign country)		TIZEN OF WHAT UNTRY?
	ring most of working Barten	der RETIRE	d RES	TAURANT		ore, Md.		U.S.A.
13	LOWIS NAME	/S R. Leuschel -	deceas	ed.	14. MOTHER'S MAIDEI	E. GRIMIN		
1S (Y	es, na, ar unknawn) Yes	R IN U.S. ARMED FORCES? (If yes give war ar dates WW I	of service) 2	15-03-05-36	VA Hospita		ddress	int Md.
		ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	(a) AC	ute coronary	thrombosis			ONSET AND DEATH
	4201	DUE	TO					THE RESERVE
	Conditions, if ony, rise to immediat	(n) esuns e	(b)					
	stating the under	lying couse DUE						
	lost.	)	(c)	O DEATH DUT HOT DELATED T	O THE TERMINAL DISEASE	OUDITION CONTRA IN DADT 1/-)		19. WAS AUTOPSY
ATION	PART II. UTHER SI	GNIFICANT CONDITIONS	ONIKIBUTING	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)		PERFORMED? YES NO
L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury i	n Part I ar Part II of item 18.)		
MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	20d. If While at wark	Not While	PLACE OF INJURY (Hame, for octory, street, office bldg., e		) (Cat	unty) (State)
15	21. I certi	fy that (t)c(this ha	pital) atten	ded the deceased fram	4 8 66	19, ta10_1	66, 19	, theretains
			SXXXXXX	coccocides, and t	hat death accurred	at 10:00, fram caus		
	22a. SIGNATURE	Tob (/2	WK	, and	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		10-15-66
	22c. PHYSICIAN'S NAME (Type		OR BORG	ES	22d. ADDRESS	AH Perry Point	t, Md.	
23	g. BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEMETERY COAKLAWN CER		23d. LOCATION (City or Baltim	Town) ore, Ma	(County) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removary and in any event, within 72 haurs after deather. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

REMOVAL (Specify)
Remove 1 Sten ADDRESS 24. FUNERAL DIRECTOR Air Road, Baltimore,

10-15-66

2So. REC'D BY REGISTRAR

1966 REGISTRAR'S SIGNATURE the state of the s 

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outrant — spice your bit — two — the or sittle in a reality professional and a single site of the first of the control of the 

MAIN POLYT, I VESSO, TELL

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14059

CERTIFICATE OF DEATH

14081

	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased	lived, if institu	tian: Residence	e befare adn	nissian)		
	Ce	eil		MARYLA	AND	a. STATE Marv]	Land	b. (00	Cec	11			
	b. CITY OR TOWN /	If autside carparate limit	s,	c. LENGTH OF STAY IN	1b	c. CITT OK TOWN (IT dutside carparate littils, write KOKAL and give nearest town)							
	Perry	ville		LIFE		Perrvville 7.							
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, ç	give street address)		d. STREET ADDRESS			14.5	e. IS ON YES	RESIDENCE A FARM? NO		
	NAME OF	Fi	rst	Middle		Last	4. DATE	Man	ıth	Day	Year		
	DECEASED (Type ar print)	Eth	al	W,	I	ittle	OF DEATH	Octob	oar 8	3,	1966		
S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9. /	AGE (In years lost birthday)	IF UNDER 1	YEAR   IF U	NDER 24 HRS.		
	F	dau.	WIDOWED	DIVORCED	016	-10-1893		73 yrs.	Manths	Days Ha	urs Min.		
10a.	USUAL OCCUPATION	Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar farei	gn country)	12. CITI	ZEN OF WHA	AT T		
duri	ng mast at warking House	life, even if retired)	IN	DUSTRY		Maryland			(00	NIRY?			
13.	FATHER'S NAME	110				14. MOTHER'S MAIDEN I				0	-		
	Charle	w. Walk	er			Ella	Dec	kman					
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	FORMANT	796	Addr	ress				
(If yes give war ar dates af service)						m E. Litt	le Sr	Perm	rvvill	he Ma			
	Canditians, if any rise to immediat stating the unde last.	e cause (a), rlying cause	TO (b) //9 TO (c)	finis so		17/h fo	dis	1/-50	u lu	53	a_'		
CERTIFICATION				O DEATH BUT NOT RELAT						19. WAS PERF YES	ORMED?		
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCC	URRED. (I	inter nature of injury in I	Part I ar Part II	l af item 18.)					
MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	20d. If While at war	Mat While		OF INJURY (Hame, farm ry, street, affice bldg., etc.)		City ar tawn)	(Caur	nty)	(State)		
	sow the d	eceosed alive an	pital) atten	ded the deceased fr	ram 🔀	death occurred of	965, to 2 8 M,	from causes	and on th	≤, that ( e date st	l) (we) last ated obove.		
-	220. SIGNATURE	Med.	jan	2/2	M.D		MED DIRECTOR	STAFF C	22b. DA	TE SIGNED	G.		
	22c. PHYSICIAN'S NAME (Type		chard	g Jr. M.	D.	22d. ADDRESS Port I	Deposi	t. Mal	rvland				
	BURIAL, CREMATION REMOVAL (Specify Burial)			23c. NAME OF CEMETE		nematory hapel Cem		TION (City or To		County)	(State)		
24	FUNERAL DIRECTO	*///	10	ADDRESS	×	2Sa. REC'E	BY REGISTRAF	25b. R	EGISTRAR'S SIG	GNATURE			
	1464-60	Patters	nos	on Perry	737 1 7	Te Ma DATE O	CT : 7	1956	Milan	res fr	udge.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 moy be retained by the hospital or attending physician.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND D RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH

14062

7 40 7	U				22000
PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (When	e deceased lived, if institution b. COUN	an: Residence before admission)
G. COOKIT	CECIL	MARYLAND	VIRGINIA	b. cool	Arlington
	(If autside carporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	corporate limits, write RUR	AL and give nearest tawn)
write RURAL o	nd give nearest town) Ville	37 days	Arlingto	m	02.2
	ITAL OR INSTITUTION (If not in ha		d. STREET ADDRESS	/11	e. IS RESIDENCE
					ON A FARM?
	erry Point, Max			Highway	YES NO XX
3. NAME OF DECEASED (Type or print)	ROBERT	W. LIVINGSTO		OF October	30 19 66
S. SEX	6. COLOR OR RACE 7. MA	ARRIED 🖹 NEVER MARRIED 🔲	B. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
NALEE	WHITE	DOWED DIVORCED	10-10-78	last birthday)	Manths Days Hours Min.
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto	ate, ar fareign country)	12. CITIZEN OF WHAT
during most of working		INDUSTRY	Faitmont, M	hi nn	U.S.A.
Engineer  13. FATHER'S NAME		U.S. Govt.	14. MOTHER'S MAIDEN NAM		0.0.0.
	Livingston (D	(hazeana	Brittania		eased)
1.					
Yes, no or unknown	VER IN U.S. ARMED FORCES? ) [(If yes give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	SS
Yes	SAW.	229600637 V	A Hospital rec	ords, Perry	Point, Md.
IB. CAUSE OF	DEATH (Enter only one couse per				INTERVAL BETWEEN
PART I. DE		Massive Pulmonary	Emboli Bilate	eral with	ONSET AND DEATH
4200		Infarction, Rt Lo			30-60 Min.
Conditions, if an	w which gave )				30 00 12
rise to immedia	ate cause (a),				
stating the und	ieriying couse	Arteriosclerotio	Heart Disease		Years
last.	) (c)				
PART II, OTHER  200. ACCIDENT W OR CONTRIBUTIN	SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES XX NO
200. ACCIDENT W	AS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part	I or Part II of item 18.)	
OR CONTRIBUTIN	IG CAUSE OF DEATH		The state of the s	,	
I III LIIIILK, NOIII	Y MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (State)
20c. TIME OF IN			octory, street, office bldg., etc.)	Zoi. (city of lowil)	(51018)
	o.m. 19	ot wark u at work u			
21. I cer	tify that (X) (this haspital)	attended the deceased fram_	9-23-66 , 19	, ta10-30	
sawathes	deceased aliverances	coccecced toccac and th	at death accurred at 4:	OOP 1 fram causes of	and an the date stated above
22a. SIGNATUR					22b. DATE SIGNED
	2 Redakut		A.D. PHYS. DIR	ECTOR XX STAFF PHYS.	10-31-66
22c. PHYSICIAN	13		22d. ADDRESS		
NAME (Typ	S. Goldgral	ben	VAH., Pe	erry Point, N	vid.
23o. BURIAL CREMAT	TION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or Tow	
REMOVAL (Special Control of the Cont	fy) 11/3/66		Allenda V. C. Control Control Control		, , , , , , , , , , , , , , , , , , , ,
		Arlington		Ft. Myers, V	
24. FUNERAL DIRECT	10 1 0 0 0 cm	eulphen ADDRESS	25o. REC'D BY		Clarley Judge
IVES FU	MERAL HOME Arl	ington, Va.	DATE NOV	2 1966	Land Small

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. l and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remoyal, and in any event, within 72 haurs after year

VR A15 (4) 20 M 1/66

and the second section of the second 100 Fig. 100 passali crosi pichra nestrata . Mr. , and a , and a , and a A A Markey Badishal d. Carr, Mr.

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1	14061 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14063
Page Page HEALTH DEPT.	1.	PLACE OF DEATH O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY  Cecil
death. If any delay is Pages 1, 2, and 3 to with farm PM3. Page e State Department al 72 hours after death		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Wite RURAL and give nearest town)  Liberty Grove Rural  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Liberty Grove Rural
If any 2, 2, 2, arm Farm Farm Farm of Surs of	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES   NO PROPERTY   YES   YES
Give Pages 1, and with farm the State De thin 72 haurs	3.	NAME OF DECEASED (Type or print) Grady Marce) WS Madron OF DEATH 10 26 1966
W. W.	S.	SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   12-07-1910   15-07-
	10 du	o. USUAL OCCUPATION (Give kind of work done ring and to working life, even if retired)  10b. KIND OF BUSINESS OR  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT  CONTROL  13. BIRTHPLACE (State or foreign country)  14. CITIZEN OF WHAT  CONTROL  15. CITIZEN OF WHAT  CONTROL  16. CITIZEN OF WHAT  CONTROL  17. CITIZEN OF WHAT  CONTROL  18. CITIZEN OF WHAT  CONTROL  C
	13	FATHER'S NAME
executed wit inding" in pe Medical Exar i permit. File emaval, and		George Madron  WAS DECEASED EVER M U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  16. SOCIAL SECURITY NO.  216-16-4196 Mrs. Pear) Madron Liberty Gnove, Md.
s certificate shauld be executed within e, writing the ward "pending" in pencil farwarded ta the Chief Medical Examine used as a burial-transit permit. File page burial, crematian, ar remaval, and in a		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shot-own wound of head site-inflicted than the second of head site-inflicted than the seco
cate shauld be e g the ward "per ed ta the Chief I s a burial-transit crematian, ar re		Conditions, if ony, which gove )  (b)
verificate s writing the rwarded ta ised as a bu		rise to immediate couse (a), stoting the underlying couse lost.
his certifica ate, writing e farwarded be used as ta burial, c	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO IPP
INER: This e certificate, shauld be for files. 3 shauld be to mt, prior ta	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)  12-Gauge Shot-Gun wound self-inflicted.
3 s fill sh	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor  4 co p.m. 10 - 26 19 66 of work
MEDICAL EXAM please execute the director. Page 4 etained for your DIRECTOR: Page s designated age		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry and in my opinion death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined manner
		ACTUAL SIGNATURE  CHIEF MEDICAL EXAMINER  22. DATE SIGNED
TO DEPUTY MEDICAL necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health ar its design	2	EXAMINER'S NAME (Type) John M. Byers', M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Elkton, Md
the first Head	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY COMPLETE COUNTY) (Stote) 3 REMOVAL (Specify) 1 10-29-66 BY-OOK UPEN COMPLETE COMPLETE COUNTY) (Stote)
VR A15ME (5)	1	The state of the s

The state of the s

ADDRESS

Chestertown, Md.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) e. IS RESIDENCE ON A FARM? YES 🛛 NO Month Year 10/11/66 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours 12. CITIZEN OF WHAT U.S.A. Earleville.Md. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (City or town) (County) (Stote) Balto.-rural Cecil Md. Inquiry and in my opinian Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10/11/66 Werner U. Spitz, M.D. Address (Street, city, town, or county) 23b. DATE THEREOF 10/15/1966 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Fountain Cemetery Md. B17 PEMOMAD(Specify) Kent Worton

2So. REC'D BY REGISTRAR

1956

2Sb. REGISTRAR'S SIGNATURE

Marles

VR A15ME (5) 6M 1/66

9

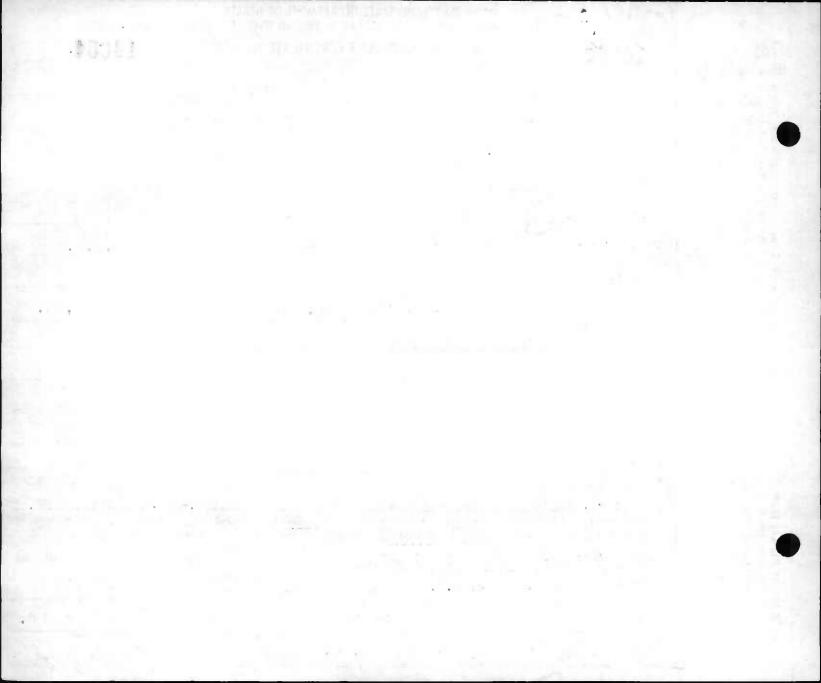
Heolth or

EXAMINER'S NAME (Type)

24 FUNERAL DIRECTOR

pe

necessory,



# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST		14063	MEDI	CAL EXAMINER'S	CERTIFICATE O	F DEATH	14065	
	DEPT )	PLACE OF DEATH     O. COUNTY			O STATE	h (	titution: Residence before odmiss	ion)
y delay is , and 3 ta PM3. Page	\$ E	Cecil		MARYLAND	Mary	land	COUNTYCecil	
delay and 3 M3. Pag	dec	b. CITY OR TOWN (If outside corporate li	mits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)	11
P W	fter	write RURAL and give nearest town) Rural, North Eas	t	18 years	- Baltin	<del>ore</del> - rural	North East 01	1./
- 6	s a	d. NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital, gi	ve street oddress)	d. STREET ADDRESS		e. IS RES	FARM?
es farr	te [	Rte.40 and Me	chanic's	Valley Rd.	Box	112A R.D.	1 YES	NO X
24 hours after death. If a in Item 18. Give Pages 1, 's Office along with farm	the State Department in 72 haurs after dea	3. NAME OF DECEASED (Type or print)	ANETTE anette	Middle	McCreary	4. DATE NO DEATH 10	,	ear 66
fter Giv ang	within	S. SEX 6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	S IF UNDER 1 YEAR IF UNDE	
1 8 8		female white	WIDOWED		pril 25, 18			Min.
24 hours in Item 18 ir's Office	ges land2 any event	10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	Food	id of Business or Canning	II. BIRTHPLACE (Stote Independent		12. CITIZEN OF WHAT COUNTRY?	
	File pages 10 and in any e	13. FATHER'S NAME Robert Holloway			14. MOTHER'S MAIDEN METTIC M	urray		
d be executed within d "pending" in pencil Chief Medical Examine	a burial-transit permit. Fi crematian, ar removal, ar	15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, ng, or unknown) (If yes give wor or dot No	es of service) 16. S 22.	0CIAL SECURITY NO. Mrs	. Halley H.	Lake R	orth East, Md.	A
exe endi Me	t pe	18. CAUSE OF DEATH (Enter only one	couse per line for (	a), (b), ond (c).)			INTERVAL BE	ETWEEN
be 'p	ansi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAL	JSE (o)	Multip	le injuries		ONSET AND	DEATH
old ard e C	THE N		DUE TO		-			
shauld e ward a the Ch	ouric	Conditions, if ony, which gove ) rise to immediate couse (o),	(b)					
d th	- e	stoting the underlying couse	DUE TO					
ertificate shauld writing the ward rwarded ta the Ch	al, a	lost.	(c)					
fall	be used as ta burial, c	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART I(o)	19. WAS AUT PERFORM YES [32]	TOPSY MED? NO [X]
INER: This e certificate, shauld be fa files.	d b	20a. EXTERNAL CAUSE WAS PRIMARY (**For CONTRIBUTING (**)	20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 18.)		
erti ould	3 should ent, priar	CAUSE OF DEATH.	I	passenger in a	uto-truck co	ollision		
프 하 는 프	gent,	200. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Yeo 6:05 P.m. 10 10	While	Not While fort	CE OF INJURY (Home, form ory, street, office bldg., etc.)	North Eas	(County)	(Stote)
NE EXAM xecute th Page 4 far yaur	Pag d	0.03 p.m. 10 10	OI WORK					
- a a - b	OR:	21. I certify that I taak cho	_				nquiry 🔲 , and in my	opiniar
ctar ctar	Sign	death resulted fram: Nat	ural causes	Accident X , Suice			manner []	
JTY MEDICAL EXAMIN ry, please execute the eral directar. Page 4 sh be retained far yaur fil	RAL DIRECTOR: Page 3 should be ar its designated agent, priar to	ACTUAL SIGNATURE Allener	h. 5	76	CHIEF MEDICAL ASSISTANT MED	ICAL EXAMINER 🔀	22. DATE	SIGNED
necessary, please ex the funeral director. 5 may be retained to	FUNERAL DIRECTOR: Page saith ar its designated age	NAME (Type)	U. Spitz			L EXAMINER	10/11/66	
TO D nece the 5 m	To FUNE Health	230. BURIAL (REMATION, REMOVAL (Specify) 10/1.	THEREOF 4/66	23c. NAME OF CEMETERY OR O		23d. LOCATION (City or Union	Town) (County) (S	Stote)
VR A1	5ME (5)4	24. FUNERAL DIRECTOR Grant Funeral Home	Prou	North East		BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	

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to are presented in

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14064

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	A	4	18	-
	4	1	b	h

FOR STATE	or a	1004		MED	ICAL EXAM	INER'S	CERTIFICA	ATE O	F DEAT	Н	14	066	
EALTH DEPT	1. PLACE OF o. COUNT	Y	2 11				2. USUAL RES			d lived, if institu	INITY	e before o	dmission)
age and the state of the state	- CITY D		Cecil			MARYLANO			Maryla				
uny delay is 1, 2, and 3 to n PM3. Page Deportment of s after death	b. CITY D write Ru	TDWN (If o	utside corporote limi ye negrest town) Jorth East	ts,	18 yea:		c. CITY OR TD			e limits, write RI rural	_		
am) 2, 2, af			DR INSTITUTION (If n		give street address)		d. STREET ADI	DRESS				e. I.	S RESIDENCE
form form te D	F	tte. 40	0 and Mec	hanic's	s Valley	Rd.		Box 1	L12A	R.D.1		YES	N A FARM?
ours ofter deoth. If any delay is m 18. Give Pages 1, 2, and 3 to fice olong with form PM3. Page 72, ith the State Deportment of enty ithin 72 hours after deeth	3. NAME OF DECEASES (Type or			irst oyd	Middle Vern	on	Lost McCr	eary	4. DATE OF DEATH	Moi 1		Dογ 10	Year 19 66
fter Giv ong th t	S. SEX		. COLDR OR RACE	7. MARRIED			8. DATE OF BIRT		19.	AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.
re old	mal		white	WIDOWED	DIVO	RCED	Sept. 2			2 ost birthday)		,	lours Min.
24 ho in Item is Offi	during most of	LOPATION (G Lermak	ive kind of work done , even if retired) <b>:er</b>	Re	IND OF BUSINESS O	K	II. BIRTHPLA		0	arolina	12. CITI	ZEN OF W	HAI
vithin 24 pencil in 1 ominer's e pages 1 id in ony	13. FATHER'		in McCres	ary			14. MOTHER'S Sara		AME Johns	son	•		
cuted wit ng' in per dical Exon rmit. File vvol, and	1S. WAS DEC	EASED EVER IN nknown) (If	U.S. ARMEO FORCES? yes give wor or dotes	of service) 16.	SOCIAL SECURITY N		INFORMANT S. Halle	ey H.	Lake		T Box		
This certificate shauld be executed within 24 hours ofter deoth. If a cate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Chief Medical Exominer's Office olong with form I be used os a buriol-tronsit permit. File pages 1 and 2, ith the State Der to burial, cremotion, ar removol, and in ony sent within 72 hours	Condition rise to i		nich gove ouse (o),	347	r (a), (b), ond (c).) Ltiple in	juries							AL BETWEEN AND DEATH
his certificate, writing forworms be used to burial	PART II.	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DI	ISEASE CD NO	DITION GIVEN	I IN PART 1(o)		19. WA PEI YES	AS AUTOPSY RFD RMED?
4_ 0 0	PRIMAR	TERNAL CAUSE YXXI or CONTR OF DEATH.	WAS IBUTING		escribe how injur		`			II of item 18.)			
O DEPUTY MEDICAL EXAMINER: This necessory, please execute the certificate, the funeral director. Page 4 should be fo 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be a Health or its designated agent, prior to less that the statement of the	20c. TIM 6:05	Hour XXXXX	Month, Doy, Yeor X10 10 19	20d. l	NJURY OCCURRED	200 DLA	CE OF INJURY (H	lome, form,	Nor	Ny East orura	1 Cec		(Stote) Md.
Pag Pag or y	21.	I certify t	hat I taak charg			l abave, he	ld an Autops	sy 🔀,	Inspectio	n 🔲, Ind	uiry 🔲,	and in	my apinio
S a de	dea	th resulted	from: Natur	al causes [	, Accident	x, Suic	ide 🔲, H	lomicide	, Un	determined r	manner 🔲		
MEDT please I direct retoine L DIREC	ACTUAL SIGNAT	URE ME	mer h	, 5	2- (				EXAMINER [ CAL EXAMINE			22.	DATE SIGNED
O DEPUTY MEDTCA necessory, please es the funerol director. 5 may be retoined O FUNERAL DIRECTO Health or its design	EXAMIN NAME (	IER'S	Werner	U. Spi	z, M.D.	5	DEPU		L EXAMINER city, town, o	_	10/	11/66	
TO DEPUTY MEDTCAL EXAMIN necessory, please execute the the funerol director. Page 4 sł 5 may be retoined for your fit TO FUNERAL DIRECTOR: Poge 3 Health or its designoted agen		AL (Specify)	23b. DATE TH 10/14/	FREOF	23c. NAME OF Union	EMETERY OR Come to:	CREMATORY		23d. 100 Un:	ATION (City or T	own) (eci	(County)	(Stote) Md •
VR A15ME (5)	24. FUNERA Grant	L DIRECTOR Funer	al Méne	100	PADDRESS	22		2So. REC'D	BY REGISTRA	1996 F	REGISTRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) eci o. COUNTY o. STATE b. COUNTY (eci Page of death. delay is MARYLAND Deportment c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, P.M3. RURAL and give nearest tawn) Kura 1 after d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form hours pencil in Item 18. Give Poges 1, R.D. YES NO e Stote | 72 hour 24 hours after deoth. to the Chief Medical Exominer's Office along with 4. DATE 3. NAME OF Middle Lost Month Doy Year DECEASED 0F borne 10 he 5 19 66 DEATH (Type or print) DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys WIDOWED 10b. KIND OF BUSINESS OF FORE 12. CITIZEN OF WHAT ever pages lond 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Stone iterper - Ret 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within . . Brown Mullidan Mabe ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service permit Conowings removal. 20 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) the certificate, writing the word cremotion, DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 forworded OS lost. burial, used WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO 10 pe should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, priar 3 should PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m moy be retoined for your FUNERAL DIRECTOR: Poge Poge ot work pleose execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinian Natural causes the funerol director. Suicide death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED SIGNATURE TO DEPUTY 5 moy be 1 TO FUNERAL Heolth or i necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, town, or county (County) Grove REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH
 O. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ecil o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Runal - Earleville 17 b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) 2 Yrs. - Earlorille e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3. NAME OF DECEASED Alberta Mullins 4. DATE Month 31 10 (Type or print)

S. SEX	6. COLOR OR RACE	7. M	ARRIED 🔽	NEVER MARRIED		B. DATE OF BIRTH	1	9. AGE (In yeors	IF UNDER		IF UNDER	
Γ.	W,	WI	DOWED 🗍	DIVORCED		January	5,1921	45 yrs.	Months	Days	Hours	Mir
during most of working	ON (Give kind of work d g life, even if retired)	ine		BUSINESS OR y		11. BIRTHPLAC	E (Stote or foreig	n country)		ITIZEN O OUNTRY		
13. FATHER'S NAME						14. MOTHER'S	MAIDEN NAME					
	Stewart					Unknow	n					
(Yes, no, or unknown)	(ER IN U.S. ARMED FORC (If yes give wor or da DEATH (Enter only one	es of servi	(e) 444-2			NFORMANT LOSIE	= Mull	ins, Ear	levi)			
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CA	JSE (o)	Hyper	tensin	e C	andibra	बड़ देव विश	r Disea	re		ISET AND D	
Conditions, if on rise to immedio stoting the und	γ, which gove ) te couse (a), (	(b)								-		
lost.	)	(c)										
PART II. OTHER S	SIGNIFICANT CONDITION	S CONTRIE	BUTING TO DEA	TH BUT NOT RELA	TED TO 1	HE TERMINAL DIS	EASE CONDITION (	GIVEN IN PART 1(o)			WAS AUTO PERFORME	

20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town)

foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection V Inquiry

and in my opinion deoth resulted fram: Natural causes V. Suicide [ Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER

ACTUAL SIGNATURE **EXAMINER'S** 

DATE THEREOF

Nov. 4, 1966

23c. NAME OF CEMETERY OR CREMATORY Cecilton Cemetery

ADDRESS

23d. LOCATION (City or Town) Cecilton,

(County) (Stote)

Year

1966

(Stote)

230. BURIAL, CREMATION
BURIAL (Specify) 24. FUNERAL DIRECTOR

NAME (Type)

MEDICAL

Edward Fellows.

Millington, Md. 21651

2So. REC'D BY REGISTRAR NOV 4

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

Cecil. Md. 1966

(County)

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# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1406	3	CEKIII	TICATE	OF DEATH	4 100	1.4	115	
1	. PLACE OF DEATH o. COUNTY Cecil		MAR	YLAND	o. STATE Maryla	Where deceased lived, if	b. COUNTY	er for	1
	write RURAL an	If outside carporate limits, d give nearest town)			C. CITT OR TOWN (IT OU	isiae carparate ilmits, w	ite RURAL and	give neare	est tawn)
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			t in haspital, give street address)		d. STREET ADDRESS			100	e. IS RESIDENCE ON A FARM?
		y Point, Ma				Rogers Ave	nue		YES NO
3	. NAME OF DECEASED (Type or print)	Firs MARIE		ADIS	Lost	4. DATE OF DEATH OCT	Month OBER	12	1966
S	. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	D 🛣 E	B. DATE OF BIRTH	9. AGE (In y		ER 1 YEAR	IF UNDER 24 H
	Female	White	WIDOWED DIVORCE	D 🔲	7-9-05	61	yrs.	DOYS	TIGOTS MI
d	uring most of working Accounts 3. FATHER'S NAME	ing Clerk	10b. KIND OF BUSINESS OR INDUSTRY		Holyoke,	NAME		COUNTRY U.S.	?
	ALBERT F			1 12 1	DELIA A	UBREY	4.11		
		ER IN U.S. ARMED FORCES? (If yes give war or dates of	16. SOCIAL SECURITY NO.	1 1	NFORMANT		Address		
_	YES	WW II	017206951 se per line far (a), (b), and (c).)	VA	RECORDS V	AH, PERRY F	OINT, N		TERVAL BETWEEN
	Conditions, if ony rise to immediat stoting the underlast.	DUE 1  te cause (a), prlying couse	(b) TO						NSET AND DEAT
ATION	PART II. OTHER SI	IGNIFICANT CONDITIONS <u>CO</u>	ONTRIBUTING TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART	(a)	19	WAS AUTOPSY PERFORMED? YES NO
I CEDTIEICATION		S UNDERLYING   G   CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	CCURRED. (	Enter noture of injury in	Part I ar Part II of item	1B.)		
MEDICAL	2Dc. TIME OF INJ Hour o. p.	URY Month, Doy, Yeor m. 19	20d. INJURY OCCURRED While Not While at wark at wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		wn)	(Caunty)	(Stote
	sewatherd	eccesed alive on xx	pital) attended the deceased	from and that	death occurred at	9 <u>66</u> , ta <u>10</u> 5:15MFram co	uses and or	the do	
	22a. SIGNATURE	J. Ke	up 10 M.	M.D		MED. STAF	- m	O-13	
	22c. PHYSICIAN'S NAME (Type	IRINA R	EUS, M.D.		VAH, P	erry Point	, Md.		
	3a. BURIAL, (REMATION BRIMOVALAS Decify Removal	17 001	t 66 Notre	dame	Cem.	23d. LOCATION (Cit- South H	adley		ls, Mas
	24. FUNERAL DIRECTO	Funeral Hor	me, Aberdeen, Ma	arylar	ad 250. REC'I	- W 400	Sb. REGISTRAR	's signation	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND 21201

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406	8.	CERTIFICATE OF DEATH
		RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, A
		MAKITAND STATE DETAKTMENT OF HEALTH

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the haspital ar attending physician.	ER	ar,	should be filed with the State Dept. af Health priar ta burial, crematian, ar lemoyel, and in any event, within 72 haurs after death.	
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VR A15 (4) 20 M 1/66

- A - A - O	00.	CERTIFICAT	L OI DEATH		1411	111
1. PLACE OF DEA	ATH Cecil	MARYLAND	2. USUAL RESIDENCE (Where of a. STATE Maryland	deceased lived, if institution b. COUN	an: Residence befa	re admissian)
write_RURA	WN (If autside carparate limits, L and give nearest town) th East	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co		AL and give neare	st tawn)
d. NAME OF H	OSPITAL OR INSTITUTION (If not in has A Mauldin Ave.	pital, give street address)	d. STREET ADDRESS  R.D. 1			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print		MATILDA PRICE	Last 4. D O D	F Oct	ober 7	19 00
s. sex Female	6. COLOR OR RACE 7. MAR WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	April 30, 1904	9. AGE (In years last birthday) 7rs.	Manths Days	Haurs Min.
	rking life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (County & State North	, ar fareign country) n Carolina	12. CITIZEN O	
13. FATHER'S NA	Me No Info.		No Info.			
1S. WAS DECEASE (Yes, po, ar unknown	D EVER IN U.S. ARMED FORCES? wn) (If yes give war ar dates af service	16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17.	INFORMANT	Addres	R.D.1 Elkton,	Md.
Canditians, in rise to imm stating the last.	fany, which gave ediate cause (a), underlying cause (c)	Acute conge Acute myse whenselerstic	andial liter	disease	Of	TERVAL BETWEEN USET AND DEATH
20a. ACCIDEN		TING TO DEATH BUT NOT RELATED TO 0b. DESCRIBE HOW INJURY OCCURRED				WAS AUTOPSY PERFORMED? /ES NO
₹ 20c. TIME O	ur a.m.		LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty)	(State)
saw th	certify that (1) (this hospital) one deceased alive on	attended the deceased fram_	10 - 24 , 19 L 3 nat death occurred at 11 S	3 , to <u>/O -</u> 5 PM, from causes of	and on the da	te stoted obove
22a. JONA	ey & Ban	lant &	M.D. ATTENDING MED. DIRECT  22d. ADDRESS NO	TOR STAFF PHYS.	22b. DATE SIG	
22c. PHYSIC NAME	(Type) Jay S. Barnh			4 Mauldin A		
230. BURIAL, CRE			Burial Grounds V		Cheste:	r Penna.
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14069 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY Cecil b. COUNTY MARYLAND Maryland Alleghany c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland Perry Point l yr mo d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 700 Baker Street YES NO X 3. NAME OF First Middle Lost 4. DATE Manth Oov Year DECEASED JAMES P. RANEY October 66 JR. (Type ar print) DEATH I IF UNDER 24 HRS S. SEX 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 69 vrs. 11-26-99 96 Male White WIDOWED DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Bowling Alley Operator Recreation COUNTRY? U.S.A Kensington, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James P. Raney Mary Ann Curtin (D) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates of service) Yes WW 220-09-7918 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY SAFER OND ESTA Bronchopneumonia, bilateral IMMEDIATE CAUSE (o) **OUE TO** Canditians, if any, which gave Massive hemorrhagic infarct of brain unknown rise ta immediate cause (o). DUE TO stoting the underlying couse Thrombosis of left internal carotid artery unknown last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Oay, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at wark 21. I certify that XIX (this hospital) attended the deceased from August 25, 19, 65, ta October 171966, that XIX (we) that now the whole the control of the course of t 22b. DATE SIGNED 22o. SIGNATURE X 10-18-66 PHYS. M.O. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. S. GOLDGRABEN, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) Removal (Specify) Bur. 10/21/66 Arlington National Arlington, Virginia 24. FUNERAL DIRECTOR

ADDRESS
ROCKVILLE Md.

Tyson Wheeler Funeral Home, Wantsingbook, Mick Date [C] 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

executed within 24 hours ofter and completely filled in remove in ony requires that the death certificate be physicion a attending parties The permit. cremotion, signed by the burial-tronsit p burial, cremoti attending p as the hos been use Heolth by the hospital or this certificate of o detoched State ATTENDING O FUNERAL DIRECTOR: After pe be retained should the 3 director, poge 3 should be filed v

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 CERTIFICATE OF DEATH 14070 executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) by the funeral Pages 1 and puo PLACE OF DEATH O. STATE DISTRICT OF COLUMBIA o. COUNTY Cecil MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, days Washington write RURAL and give necess town 1 yr.10mo 12 IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) completely filled in 515 16th St., N. W. YES NO EX VA Hospital 4. DATE Year Middle Lost 3. NAME OF First 1966 October 7, DECEASED J. REESE John DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years X S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 birthdoy) Months Dovs Hours 4 15 94 White Male DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done OR ATTENDING PHYSICIAN: The low requires that the death certificate be COUNTRY? A **INDUSTRY** during most of working life, even if retired) Scranton. Pa. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Rachel Moses - deceased remove David Reese - deceased 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give wor or dotes of service) VA Hospital Records - Perry Point, Md. 0 230-18-55-24 burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-tronsit 1-3 days PART I. DEATH WAS CAUSED BY: Pulmonary Edema acute IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or ottending physician. DUE TO Calcific Aortic Stenosis Years Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse Emphysema, Bullous, Obstructive, Severe os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate hos CERTIFICATION Stote Dept. of Health YES X NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. ot work ot work 11-25-64 19 ta IO 21. I certify that (this haspital) attended the deceased from. 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING 10 8 66 PHYS. M.D. PHYS DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S VAH PERRY POINT, MD. NAME (Type) L. VON MUEHLEN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF BURIAL, CREMATION Ft Myer, Va. REMOVAL (Specify) Arlington National 10 8 66 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) PENNINGPON & SON - Havre de Grace. Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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	<b>DIVISION OF STATISTICAL</b>	RESEARCH AND	RECORDS, 301 V	W. PRESTON	STREET, BA	LTIMORE 1,	MARYLAND
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	1407			CERTIFICATI	E UF DEAT	Н		1411	[5]	
1.	PLACE OF DEATH a. COUNTY	Ce	cil	MARYLAND	2. USUAL RESIDER a. STATE M	NCE (Where declary lan				lmission
	b. CITY OR TOWN	N (if outside corporate and give nearest town LKTON	te limits, in)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN ( Rura			ite RURAL and g	lve neares	st town
		Union Hos		nospital, give street address)	d. STREET ADDRESS	s Elk Nec	k			FARM?
3.	NAME OF DECEASEO (Type or print)		rst	Middle	Last	4. DATE OF DEATH	Monti			
5.		6. COLOR OR RACE	7. MARRIEO		hoades  B. DATE OF BIRTH	9.		IF UNDER 1 YEA		66 R 24 HR: Min.
10:	a. USUAL OCCUPAT	ION (Give kind of work	WIOOWEO	OIVORCEO DI DI CINO OF BUSINESS OR	ec. 17,19		49 yrs.	linonale cays		
dur	House	ng life, even If retire	d) D	NOUSTRY OMESTIC	Maryla			COUNTR	USA	
13.	. FATHER'S NAM	mes M. Di	11		14. MOTHER'S MA	OEN NAME	e.			
15 (Y	. WAS DECEASED E	VER INU.S. ARMED FO (If yes give war or dates o	RCES? 16. f service)		INFORMANTRick	nard Rh	10ad Addre		a, Me	d.
	18. CAUSE OF	DEATH [Enter only on ATH WAS CAUSEO BY IMMEDIATE CAUSE	e cause per	line for (a), (b), and (c).]				INT	ERVAL BE	
CATION	Cenditions, If a gave rise to cause (a), st underlying caus	Immediate ating the OUE	(b) TO (c)	UTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL	. OISEASE CONC	DITION GIVEN IN		. WAS AL PERFOR	
L CERTIFICATION		WAS UNOERLYING AND CAUSE OF OFA	1	DESCRIBE HOW INJURY OCCU				of Item 18.)		
MEDICAL	20c. TIME OF I Hour a.m p.n		Year 20d. While at wor	Not While facto	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20f. (	City or town)	(County)	()	State)
		that (I) (this hosp eased alive on	ital) attend	led the deceased from	1	19 <u>65,</u> to				
	22a. SIGNATUR	Tallage,	Pho	nikein M.O	ATTENOING PHYS.	MEO. DIRECTOR	STAFF PHYS.	22b. OATE S	Left.	66
		1000	7 0 0			OTHER TON L				
	22c. PHYSICIA NAME (Ty	pe) Wallac		enshain,M.D	22d. AOORESS	cilton	Md.			
23a	NAME (Ty	Mallac ATION, 23b. OATE	THEREOF	enshain, M. D.	22d. AOORESS	cilton	Md . CATION (City, to	own or county)  Marylan		tate)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, by removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Rural Elkton davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Union Hospital First Middle Last 4. DATE DECEASED DEATH (Type or print) Rachae Salicone 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED

etely filled in by the bound by within completely carbon event, and con any Ξ physician n please r pe and death certificate been signed by the atters the burial-transit permit of the burial, cremation, o attending physician. as th After this certificate had be detached for use state Dept. of Health I for use Health DIRECTOR: After tage 3 should be defiled with the State

funeral and 2

Pages 1

death.

after

hours

24

Herman e. IS RESIDENCE ON A FARM? NO V YES 3. NAME OF Month Year Oct. 19 66 AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 5. SEX last birthday) | Months | Days Female 84 March 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Housewife home Selbeville at Del 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Barker No info 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) ((If yes give war or dates of service) Daniel Sali cone Port Herman. no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Out Ock 19(96, that (I) (we) last and that death occurred at \_M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Chesapeake Burial FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Elkton

b. COUNTY

Cecil

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1407	3		CERTI	FICATE	OF DEATH		1407	75
	PLACE OF DEATH o. COUNTY Cecil			MAR	RYLAND	2. USUAL RESIDENCE (V o. STATE Maryla:	Vhere deceosed lived, if instituti b. COUN		before odmission)
t	write RURAL and	f outside corporate limits, give nearest town)  Point		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou Baltim	tside corporate limits, write RUR	AL ond give	
(	d. NAME OF HOSPIT	AL OR INSTITUTION (If not				d. STREET ADDRESS		-	e. IS RESIDENCE ON A FARM?
		ans Adminis			tal		Collington A		
1	NAME OF DECEASED	First		Middle		Lost	4. DATE Mont		Doy Year
S. S	(Type or print)	ALFR		N.		TTERFIELD  . DATE OF BIRTH	9. AGE (In years	I IF UNDER 1	4 19 66 YEAR   IF UNDER 24 F
3	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE  DIVORCE		7-21-86	lost birthdoy) yrs.		Doys Hours M
	ng most of working	(Give kind of work done life, even if relired)	INI	ND OF BUSINESS OR DUSTRY ngting Co		11. BIRTHPLACE (County  Baltimor	& Stote, or foreign country)	COLL	ZEN OF WHAT NTRY?
13.	Pressman	1	PPI	HE CTHE OF		14. MOTHER'S MAIDEN I			.D.A.
			,	7)		Johanna		11	
15	MAC DECEASED EVE	Satterfield R IN U.S. ARMED FORCES?	1 14 6	D) SOCIAL SECURITY NO.	17	VFORMANT	Addre	220	
(Ye	s, no, or unknown)	(If yes give wor or dotes of	service) 57	9-05-260			Records, Perr		nt, Md.
	Conditions, if ony, rise to immediat stating the under last.	e couse (o), DUE To	Arte	rioscler	osis,	heart dise			years
ATION		ral arterio	A LOUIS DE L'ANDRE		LATED TO T	UE LEKIMINAL DISCASE CON	IDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES X NO
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING				OCCURRED. (	Enter noture of injury in	Port I or Port II of item 18.)		
MEDICAL	Hour o.n p.n	1. 19	While of work	ot work	focto	E OF INJURY (Home, form ry, street, office bldg., etc.)		(Cour	
	21. I certi	hy that 飲 (this hasp coopercations)	ital) attend	ded the deceased	fram_S and that	death accurred at	966 , ta Oct. 24 1:45 fram causes	and an th	e date stated ab
	22o. SIGNATURE	Buller	my	M.D	M.C		MED. STAFF DIRECTOR PHYS.		TE SIGNED 0-25-66
	22c. PHYSICIAN'S NAME (Type)	BALBIR SI	INGH,	M.D. <		VA Hos	pital, Perry	Point	, Md.
	BURIAL, CREMATIC REMOVAL (Specify, Removal		11966	23c. NAME OF CEM Baltim		REMATORY Tational	23d. LOCATION (City or Tor Baltimore	,	County) (Stote)
	. FLINERAL DIRECTO			ADDRESS	Md.		BY REGISTRAR 25b. RED CT 3 1 1966	GISTBAR'S SIG	NATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death gentificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter deptited.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

= 2=/	1	13014	CERTIFICATE	OF DEATH	14076
death death		PLACE OF DEATH O. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution of STATE Pennsylvania b. CO	tution: Residence before odmission)  Chester
afte be f afte		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write if	RURAL ond give neorest town)
hours after by the full s. Pages 1 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Perryville	5 days	Oxford	7.5-3
ho in trs. 2 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ive street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
filled in the papers.		VA Hospital, Perry Point,	Md.	717 Hodgson Street	YES NO XX
within poor poor poor poor poor poor poor poo	3.	NAME OF First	Middle		onth Doy Year
arbourt, w		DECEASED (Type or print) Thurber	L. SMC	OCK DEATH Oct	ober 12 1966
e death certificate be executed within ottending physicion and completely finemit. Then pleose remove carbon on, or removol, and in any event, with	S.			3. DATE OF BIRTH 9. AGE (In years	
Xec 1		Male White WIDOWED	DIVORCED	9-15=99   6 <sup>lost</sup> birthdoy)	
and and ret	100	b. USUAL OCCUPATION (Give kind of work done 10b. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT
the be	aui	ring most of working life, even if retired)  Barber	12 Emplo 40	Kussuth County, Iowa	COUNTRY?
fica ysic ple ol, o	13	. FATHER'S NAME	7	4. MOTHER'S MAIDEN NAME	
eath certific inding phys nit. Then p or removol,		Davis Smock (D)		Alice Gregory (D	
ding .	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.5	OCIAL SECURITY NO. 17. II		dress
otendir otendir permit. ion, or re	(T	es, no, or unknown) (If yes give wor or dotes of service) Yes WW I	4-22-5037 VA	Hospital Records, Perr	y Point, Md.
that the don. by the ott ronsit per cremotion,		1B. CAUSE OF DEATH (Enter only one couse per line for (			INTERVAL BETWEEN
at 1 h nsit mo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sho	ck		ONSET AND DEATH
thousand by troin, creation,		5 12 0 DUE TO			
equires that the physicion. signed by the buriol-tronsit buriol, cremot		Conditions, if ony, which gove ) (b) Pos	t-op status f	for partial gastrectom	y 3 days
		rise to immediate couse (o), stating the underlying couse DUE TO		ulcer)	
e fow ratending to be been as the prior to		lost. (c) Mas	sive gastric	hemorrhage (bleeding )	narginal 4-5 day
W I O -	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
AN: The	ATIO	Cirrhosis of liver, ol	d infarct of	spleen	YES NO
vsician: ospitol or certificate hed for until ot. of Healt	CERTIFICATION		CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I or Port II of item 1B.)	
Spit spit led		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ATTENDING PHYSICIA stained by the hospitol CTOR: After this certific should be detached fo ith the Stote Dept. of H	MEDICAL			E OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
	ME	Hour o.m. While of work	U ot work	pry, street, office bldg., etc.)	
DING I by th After the I be de Stote		21. I certify that (X) (this haspital) attend	led the deceased fram	10-7- , 166 , to 10-12	- , 19 66, that 2000 class
Ned ned ould the	1	xoxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	occariforate and that	death accurred aB: OOA M, fram cause	es and an the date stated abave.
OR ATTENDING be retained by DIRECTOR: After 3 should be led with the Stot		220. SIGNATURE DELLA	/	ATTENDING MED. STAFF	22b. DATE SIGNED
V be rule oge 3 filled w		1 ( Valles for	M.C		10-12-66
AL CAL		22c. PHYSICIAN'S NAMY (Type) JOEL BLANCAFLO	D M D.	VAH, Perry Point,	Md.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	_				
HO Be	23	o. BURIAL, CREMATION, REMOVAL (Specify)	23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Oxford,	Town) (County) (State)
5 5 5 p 42	-	Removal / / / / / / / / / / / / / / / / / / /	TO THE STATE OF TH	OATOTA,	Providence T.A.
VR A15 (4)	2	TOTAL PROPERTY LEAD OF THE PARTY OF THE PART	S. TOWN	2So. REC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE PURSE

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THE RESIDENCE DESCRIPTION OF CHARACTERS AND ADDRESS OF CHARACTERS AND 7 -in the plantage of THE REPORT OF THE PARTY OF THE The Design of the state of the (4) apost stvát groups wells The first of the formation of the first of t 5 lose-coli tentine nerther har region T de-seol Bandara general mandrines (blonding margarit 4-5 days direction is the state of the control of the contro Backer Burk - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 Backer Burk - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 and are THE ROLL BURGETTON . . . . . Ell , Janes Lotat, Law

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page Stote Deportment of MARYLAND delay c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, and and give neorest town) after D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? pencil in Item 18. Give Pages 1, xominer's Office along with form along with 3. NAME OF 4. DATE Day DECEASED OF the 10 within DEATH (Type or print) with AGE (In years IF UNDER YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED birthday) Dovs Hours 8-5 WIDOWED DIVORCED event pages lond 2 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) COUNTRY ony ( 10. Banker -13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME \_= 方ところ File puo 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO This certificate should be executed permit. removol, (Yes, no or unknown) (If yes give war or dotes of service) Stewart R.D. I. E) Wood the Chief Me CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH 0 used as o buriol-tra burial, cremation, o writing the word DUE TO Conditions, if any, which gove 0 rise to immediate couse (a). DUE TO stoting the underlying couse forwarded last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION pleose execute the certificote, NO pe agent, prior to should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING OTAL EXAMINER: CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge at work its designoted Inspection Inquiry 21. I certify that I taak charge of the remains described above, held an Autapsy ... and in my opinian Natural causes death resulted fram: Suicide | Hamicide | Undetermined manner Accident retained CHIEF MEDICAL EXAMINER TO DEPUTY ME **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral necessary, DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) 0 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Marley VR A15ME (5) 1966 6M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14076

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY CECIL b. COUNTY Maryland CECIL PM3. Page ā MARYLAND Department b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give negrest town)
Elkton after E1kton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs 119 Collins Avenue 119 Collins Avenue State YES NO X 24 haurs after death. Examiner's Office alang with 3. NAME OF First Middle Last 4 DATE Year DECEASED OF DEATH FRANCIS ANTHONY THOMAS October 19 66 within (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED lost birthday) Male 6/29/23 Negro WIDOWED DIVORCED event 7 and 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within \_ Charles W. Thomas Addie M. Francis pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address removal pending 216-14-8803 Addie M. Thomas-135 Collins St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Hypertensive cardiovascular disease ar IMMEDIATE CAUSE (a) e, writing the ward farwarded to the Ch crematian, DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause OS burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health or its designated agent, prior ta NO X pe 4 should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Haur a.m factory, street, office blda., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While of wark at work 21. I certify that I taak charge of the remains described above, held an Autopsy InspectionX Inquiry [ and in my apinian the funeral director. death resulted from: Natural causes X Suicide 🗌 Accident Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY Charles S. Springate, M.D. October 6, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or caunty) BURIAL, CREMATION,

BURIAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 90 10/9/66 Elkton, Maryland Providence Cem. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Melantes VR A15ME (5) 909 Poplar St. DATE OC

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(Marana and

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14079

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence before admission)			
a. COUNTY CECIA MARYIAND	a. STATE b. COUNTY	F = 11			
b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
Write RURAL and give nearest town)		10000			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	CHESAPEAKE CILY,	l e. IS RESIDENCE			
d. Maine of host time of institution (it not in nospital, give street address)		ON A FARM?			
DELAWARE AVE.	PELAWARE AVE.	YES NO M			
3. NAME DF First MIddle DECEASED	Last 4. DATE Month	Day Year			
(Type or print) LAURA L. WA	TSON DEATH 10	25 1966			
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER last birthday)   Months	Days Hours   Min.			
	4/4/82 84 yrs.	Days Hours Mill.			
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT			
HOUSEWIFE ITOMAE	NEAR CHESAPEARECIN	U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
ROBERT DONALDSON	ROSE PRICE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address and	ESPPFAKE			
(Yes, no, or unkown) (If yes give war or dates of service)	INA IN RET NOLDS	city MAD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	11/19 (0, 11-)	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	0	ONSET AND DEATH			
IMMEDIATE CAUSE (a)	lle				
7300 DUE TO	1,1,1,5				
Conditions, If any, which gave rise to Immediate (b)	aus a y				
cause (a), stating the DUE TO	1 0 70 000				
underlying cause last. (c)	ween freueres				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
ICA		YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA  20a. ACCIDENT WAS UNDERLYING COUNTY OF COUN	RRED, (Enter nature of injury in Part I or Part II of Item 18	.)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20d. Injury Occurred 20d. PLAI factor 20d. PLAI fa	ry, street, office bldg., etc.)	144 4 60			
21. I certify that (I) (this hospital) attended the deceased from	10 to 10	that (I) (we) last			
	death occurred atM, from the causes and on t				
22a. SIGNATURE	1 22h D	ATE SIGNED			
Signature of M.D. Attending MED. STAFF   10/15/64					
22c/ PHYSICIAN'S	22d. ADDRESS				
NAME (Type) ROLANDO A. NAJERA	105 E. NAIN SI, ELK	-TOM, MD.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)			
BURIAL (Specify) 10-28-66 BETHEL C	EMETERY, NR CHESHPER	RE CITEMB			
24. FUNERAL DIRECTOR Bobech ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR				
PIPPIN FINERAL HOME food ELKTO	MY NO DATE OCT 2.7 1966 JULIA	veles Judge			
Little Transfer of the Control of th		- U			

5 (4) A15

PER PER DE DE DE ARIANT.

# FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Ejerpages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and it may event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 140811

17.	I/ a COUNTY COUNTY COUNTY COUNTY OF A SECURIOR OF A SECURI	RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	MARYLAND 0. STATE	b. COUNTY
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY C	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Write ROKAL and give naarast town)	FID YORK 192
-	d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d/ STREET	ADDRESS IS RESIDENCE
1	11/1 1/20 PE . D. 1- Ma Dalle	1 1/2+ CT 1/2 NO DE A / ON A FARM?
	3. NAME OF First Middle Last	4. DATE Month Day Year
	DECEASED	OF 6
-	I LICE D VAI	50N DEATH 10 6 1961
l,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIR	TH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lest birthday)   Months   Days   Hours   Min.
-	MEGRE WIDOWED DIVORCED 3-2	3.21 45-41s. Months Days Hours Mills.
10	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL	ACE (State or foreign souptry) 12. CITIZEN OF WHAT COUNTRY?
1	UMPROYED NONE NON	ETH CAROLINA USA
13	13. FATHER'S NAME	S MAIDEN NAME
1	HEZEKIAH NATSON	
13	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown)   (Ifyesgive werordates of service)	PRICY POINT Address
1	4FS 1842 1945 242-24-1814 4	OCP. REMODS VERRY POINT MA
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) INTRA DEAL CEREBRI	AL HEMORRHAGE ONSET AND DEATH
	443 X DUE TO 44	12/12/19/10
	Conditions, if any, which \ (b) THPERTENSIUE CARD	IDITARLINAL DICEART IN WEST
	gava rise to immadiata cause	TOURSULTE DNETSE TO YEARS
	(a), staling the underlying DUE TO	
1-	eausa last. (c)	THE PERMITTED AND AND AND AND AND AND AND AND AND AN
é	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  EPILE PSY-104 KS COANOMAL SET ZURES  20a. EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.	PERFORMED?
2	3 LPILEPSY-104RS-CLANDMALSEIZURES-C	HISTRIC HEHORPHALD YES NO [
PATIE	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PRIMARY or CONTRIBUTING	Finjury In Part I or Part II of item 18.)
	I GIL ON STREET	
10	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour fectory, street, office at work at work of the street, office at work of the street, of the street, office at work of the street, office at work of the street, of the street, of the street, office at work of the street, of	
¥ Er	5 p.m. 10/2 19 66 at work at work STREET	NEAR HAURE DEGLACE MO
	21. I certify that I jook charge of the remains described above, held an Autop	sy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes . Accident . Suicide . H	lomicide , Undetermined manner
	CHIEF	MEDICAL EXAMINER
	SIGNATURE AND ASSIS	STANT MEDICAL EXAMINER DATE SIGNED
	A O DEPUT	TY MEDICAL EXAMINER 10/6/66
	NAME (Type) HENRY VIDAUS (1) Address	ess (Street, city, town, or county) ESA PEAKECY TY MD
22	220 BURIAL, CREMATION 226. DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town or county) (514)
1	Removal 10/10/66 hat Camelain	Keliegh, North Carolina
2	23 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
1	PATTERSON FUNERAL HOME, Perryville, Md.	DATE OCT 17 1956 Icharles Judge
_	TONES TONES TOTTY MO.	I DOUG TO

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